

# 2002 UNIFORM BUSINESS REPORT (UBR)

*Wly/29*

**DOCUMENT # A98000002832**

1. Entity Name

**COLLIER ENTERPRISES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 APR 23 PM 1:23



Principal Place of Business: **3003 TAMiami TRAIL NORTH, SUITE 400 NAPLES FL 34103**  
Mailing Address: **3003 TAMiami TRAIL NORTH, SUITE 400 NAPLES FL 34103**

2. Principal Place of Business Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

City & State City & State

Zip Country Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **59-1683870** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORA, TERRY L  
3003 TAMiami TRAIL NORTH, SUITE 400  
NAPLES FL 34103**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$10,000,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$10,000,000.00**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	<b>P97000104992</b>
NAME	<b>COLLIER ENTERPRISES, INC.</b>
STREET ADDRESS	<b>3003 TAMiami TRAIL NORTH, SUITE 400</b>
CITY-ST-ZIP	<b>NAPLES FL 34103</b>
DOCUMENT #	
NAME	
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**\*\*\*526.25 \*\*\*526.25**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

*Collier Enterprises, Inc.*  
**SIGNATURE: \_\_\_\_\_** **SIGNATURE REQUIRED** **FLORA, UP** **4/18/02** **941/261-4455**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)