

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90022 018 \*\*\*150.00

**DOCUMENT # F98000005703**

1. Entity Name  
**COLLIER READ CORP.**

Principal Place of Business <b>3001 TAMiami TRAIL N., SUITE 207          NAPLES FL 34103</b>	Mailing Address <b>3001 TAMiami TRAIL N., SUITE 207          NAPLES FL 34103-4172</b>
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2. Principal Place of Business <b>801 Laurel Oak Drive</b> Suite, Apt. #, etc. <b>Suite 618</b>	3. Mailing Address <b>801 Laurel Oak Drive</b> Suite, Apt. #, etc. <b>Suite 618</b>
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City & State <b>Naples, FL</b>	City & State <b>Naples, FL</b>	4. FEI Number <b>58-2312105</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34108</b>	Country <b>USA</b>	Zip <b>34108</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**PERKOVICH, JOSEPH I**  
**3001 TAMiami TRAIL N., SUITE 207**  
**NAPLES FL 34103**

7. Name and Address of New Registered Agent  
 Name  
**Samuel S. Polk**  
 Street Address (P.O. Box Number is Not Acceptable)  
**801 Laurel Oak Dr., Suite 618**  
 City  
**Naples** **FL** Zip Code  
**34108**

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 Samuel S. Polk **Samuel S. Polk** 2/28/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CP</b> <b>READ, ISABEL C</b> <b>3001 TAMiami TRAIL N., SUITE 207</b> <b>NAPLES FL 34103</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>XX</b> Change <input type="checkbox"/> Addition <b>801 Laurel Oak Dr., Suite 618</b> <b>Naples, FL 34108</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PERKOVICH, JOSEPH I</b> <b>3001 TAMiami TRAIL N., SUITE 207</b> <b>NAPLES FL 34103.</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Change <b>XX</b> Addition <b>Polk, Samuel S.</b> <b>801 Laurel Oak Dr., Suite 618</b> <b>Naples, FL 34108</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PITTS, KIMBERLY</b> <b>3001 TAMiami TRAIL N., SUITE 207</b> <b>NAPLES FL 34103</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Change <b>XX</b> Addition <b>Tegtmeyer, Susette L.</b> <b>801 Laurel Oak Dr., Suite 618</b> <b>Naples, FL 34108</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Samuel S. Polk **Samuel S. Polk** 2/28/00 (941) 596-2233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)