

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005703

1. Entity Name

COLLIER READ CORP.

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

03-06-2000 90022 018 ***150.00

Principal Place of Business

Mailing Address

3001 TAMiami TRAIL N., SUITE 207
NAPLES FL 34103

3001 TAMiami TRAIL N., SUITE 207
NAPLES FL 34103-4172

2. Principal Place of Business

801 Laurel Oak Drive

Suite, Apt. #, etc.
Suite 618

3. Mailing Address

801 Laurel Oak Drive

Suite, Apt. #, etc.
Suite 618

City & State
Naples, FL

City & State
Naples, FL

Zip
34108

Country
USA

Zip
34108

Country
USA

4. FEI Number 58-2312105

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

PERKOVICH, JOSEPH I
3001 TAMiami TRAIL N., SUITE 207
NAPLES FL 34103

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
Signature, typed or printed name of registered agent and title if applicable.

Samuel S. Polk

2/28/00

(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

TITLE CP
NAME READ, ISABEL C ☐ Delete
STREET ADDRESS 3001 TAMiami TRAIL N., SUITE 207
CITY-ST-ZIP NAPLES FL 34103

TITLE S ☒ Delete
NAME PERKOVICH, JOSEPH I
STREET ADDRESS 3001 TAMiami TRAIL N., SUITE 207
CITY-ST-ZIP NAPLES FL 34103

TITLE T ☒ Delete
NAME PITTS, KIMBERLY
STREET ADDRESS 3001 TAMiami TRAIL N., SUITE 207
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 801 Laurel Oak Dr., Suite 618
CITY-ST-ZIP Naples, FL 34108

TITLE S ☐ Change ☒ Addition
NAME Polk, Samuel S.
STREET ADDRESS 801 Laurel Oak Dr., Suite 618
CITY-ST-ZIP Naples, FL 34108

TITLE T ☐ Change ☒ Addition
NAME Tegtmeyer, Susette L.
STREET ADDRESS 801 Laurel Oak Dr., Suite 618
CITY-ST-ZIP Naples, FL 34108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

2/28/00

(941) 596-2233

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)