

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H26916

1. Entity Name

COLLIER-FLETCHER, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90201 020 \*\*\*150.00

Principal Place of Business

Mailing Address

401 E. JACKSON STREET  
SUITE 2310  
TAMPA FL 33602  
US

STE 400  
3003 TAMIAMI TRAIL NORTH  
NAPLES FL 34103-2714  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2467930**

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 N TAMIAMI TRAIL  
NAPLES FL 33940

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 400

City

FL

Zip Code  
34103

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

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 **P** ☒ Delete  
NAME **COLLIER, MILES C**  
STREET ADDRESS **3003 TAMIAMI TR N. STE 400**  
CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE **VD** ☐ Delete  
NAME **FLOOD, THOMAS J**  
STREET ADDRESS **3003 TAMIAMI TR N. STE 400**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Flood, Thomas J.**  
STREET ADDRESS **3003 Tamiami Tr N. Ste 400**  
CITY-ST-ZIP **Naples, FL 34103**

TITLE **VD** ☐ Delete  
NAME **BIRR, JEFFREY M**  
STREET ADDRESS **3003 TAMIAMI TR N. STE 400**  
CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE **VSD** ☐ Delete  
NAME **FLORA, TERRY L**  
STREET ADDRESS **3003 TAMIAMI TR N. STE 400**  
CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE **T** ☐ Delete  
NAME **O'CONNOR, JOHN D**  
STREET ADDRESS **3003 TAMIAMI TR N. STE 400**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **VT** ☒ Change ☐ Addition  
NAME **O'Connor, John D.**  
STREET ADDRESS **3003 Tamiami Trail N. Ste 400**  
CITY-ST-ZIP **Naples, FL 34103**

TITLE **AT** ☐ Delete  
NAME **CORINA, ROBERT D**  
STREET ADDRESS **3003 TAMIAMI TR N. STE 400**  
CITY-ST-ZIP **NAPLES FL 34103**

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:

*Terry L. Flora* **Terry L. Flora** 4/20/00 941-261-4455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)