

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019131

1. Entity Name
COLLIER DISTRICT, L.L.C.

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90089 019 ****50.00

Principal Place of Business

Mailing Address

4720 ST. CROIX LANE
APARTMENT 134
NAPLES FL 34109

4720 ST. CROIX LANE
APARTMENT 134
NAPLES FL 34109

8/28/02



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1316 Grand Canal Drive

1316 Grand Canal Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES Florida

City & State

NAPLES, Florida

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

34110

USA

Zip

Country

34110

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIARS, GRADY E
4720 ST. CROIX LANE
APARTMENT 134
NAPLES FL 34109

Name

GRADY E. MIARS

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

1316 Grand Canal Drive

City

NAPLES

FL

Zip Code

34110

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

8/28/02

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KLEBAN, ALBERT J
4351 GURLESHORE BLVD., NORTH, ESTATE 7N
NAPLES FL 34103 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/28/02

Date

239-593-5170

Daytime Phone #

CR2E083 (4/02)