

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L39663

1. Entity Name

COLONIAL SQUARE REALTY, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90164 046 ***150.00

Principal Place of Business

1020 GOODLETTE ROAD, SUITE 200
NAPLES FL 33940

Mailing Address

1020 GOODLETTE ROAD, SUITE 200
NAPLES FL 34101-0608

2. Principal Place of Business

1140 GOODLETTE ROAD

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 10608

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34102

Country

USA

Zip

34101

Country

USA

4. FEI Number

65-0163899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLSON, CLIFFORD A.
1020 GOODLETTE ROAD
SUITE 200
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

Street Address, P.O. Box Number is Not Applicable

1140 GOODLETTE ROAD

City

NAPLES

FL

Zip Code

34102

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

TITLE P
NAME OLSON, CLIFFORD A.
STREET ADDRESS 1020 GOODLETTE RD #200
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
1140 GOODLETTE ROAD
NAPLES FL 34101

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

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

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

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

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-00

Date

941 261 2620

Daytime Phone #