

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L81857

1. Entity Name

ORO-GOLD OF COLLIER COUNTY, INC.

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90003 023 \*\*\*150.00

Principal Place of Business

Mailing Address

ROUTE 1, BOX 1042  
LABELLE FL 33935

ROUTE 1, BOX 1042  
LABELLE FL 33935

2. Principal Place of Business

3010 SO CR 731

Suite, Apt. #, etc.

3. Mailing Address

3010 SO CR 731

Suite, Apt. #, etc.

City & State  
LABELLE FL

City & State  
LABELLE FL

Zip  
33935

Country

Zip  
33935

Country

4. FEI Number 65-0208387

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

HIATT, GEORGE E.  
ROUTE 1, BOX 1042  
LABELLE FL 33935

Name

Street Address (P.O. Box Number is Not Acceptable)  
3010 SO CR 731

City LABELLE FL Zip Code 33935

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	DST <input type="checkbox"/> Delete
NAME	HIATT, RAMONA I.
STREET ADDRESS	RT 1 BOX 1042
CITY-ST-ZIP	LABELLE FL
TITLE	DP <input type="checkbox"/> Delete
NAME	HIATT, GEORGE E.
STREET ADDRESS	ROUTE 1, BOX 1042
CITY-ST-ZIP	LABELLE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3010 SO CR 731
CITY-ST-ZIP	LABELLE FL 33935
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3010 SO CR 731
CITY-ST-ZIP	LABELLE FL 33935
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*George Hiatt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE HIATT 2/2/00 941-675-8181

Date

Daytime Phone #

CR2E034 (9/99)