

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91600 005 ***550.00

DOCUMENT # L81857

1. Entity Name
ORO-GOLD OF COLLIER COUNTY, INC.

Principal Place of Business

**3010 SO CR 731
 LABELLE FL 33935**

Mailing Address

**3010 SO CR 731
 LABELLE FL 33935**

552646



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. BOX 1197

Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 1197

Suite, Apt. #, etc.

City & State
LEHIGH ACRES FL

Zip
33970

Country

City & State
LEHIGH ACRES FL

Zip
33970

Country

4. FEI Number **65-0208387**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HIATT, GEORGE E.
 3010 SO CR 731
 LABELLE FL 33935**

7. Name and Address of New Registered Agent

Name

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

6 E GREENSB BLVD

City **LEHIGH ACRES**

FL

Zip Code
33972

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, 2001 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 **DST** ☐ Delete
 NAME **HIATT, RAMONA I.**
 STREET ADDRESS **3010 SO CR 731**
 CITY-ST-ZIP **LABELLE FL 33935**

TITLE **DP** ☐ Delete
 NAME **HIATT, GEORGE E.**
 STREET ADDRESS **3010 SO CR 731**
 CITY-ST-ZIP **LABELLE FL 33935**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **P.O. BOX 1197**
 CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **P.O. BOX 1197**
 CITY-ST-ZIP **LEHIGH ACRES FL 33972**

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TITLE ☐ Change ☐ Addition
 NAME
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 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.

GEORGE HIATT

2/9/01

941-368-0016

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)