

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M93361

1. Entity Name

CHARLES COLLIER REALTY, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90001 014 \*\*\*150.00

Principal Place of Business

Mailing Address

12297 HIDDEN HILLS DR.  
JACKSONVILLE FL 32225-3600  
US

4552 BAY HARBOUR DR.  
JACKSONVILLE FL 32225-1048

2. Principal Place of Business

3. Mailing Address

4552 Bay Harbour Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL.

4. FEI Number

59-3033230

Applied For

Not Applicable

Zip

Country

Zip

Country

32225

Oruval

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

COLLIER, CHARLES SR.  
4552 BAY HARBOUR DR.  
JACKSONVILLE FL 32225

Name

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

City

FL

Zip Code

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	<input type="checkbox"/> Delete
NAME	COLLIER, CHARLES E JR	
STREET ADDRESS	4552 BAY HARBOUR DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COLLIER, KIM G	
STREET ADDRESS	4552 BAY HARBOUR DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	ST	<input type="checkbox"/> Delete
NAME	COLLIER, JO ANN	
STREET ADDRESS	4552 BAY HARBOUR DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	Charles Collier Sr.	
STREET ADDRESS	4552 Bay Harbour Dr.	
CITY-ST-ZIP	Jacksonville FL 32225	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	Charles Collier Jr.	
STREET ADDRESS	4552 Bay Harbour Dr.	
CITY-ST-ZIP	Jacksonville FL 32225	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles Collier Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2000

Date

9046417533

Daytime Phone #