

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000150

1. Entity Name
COLONIAL CAPITAL MANAGEMENT, L.L.C.

FILED

01 MAY -7 PM 5:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~800 FIFTH AVENUE SOUTH, SUITE 203~~ ~~800 FIFTH AVENUE SOUTH, SUITE 203~~
~~NAPLES FL 34102~~ ~~NAPLES FL 34102~~



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business 3. Mailing Address
200 Cuddy Court **200 Cuddy Court**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Naples FL **Naples FL**
Zip Country Zip Country
34103 **34103**

4. FEI Number 57-1037141 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable. **FILE NUMBER!!! FEE IS \$50.00** **200004336712--5**
Make Check Payable to Department of State **-05/31/01--01090--004**
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALKOW, GEOFFREY M 800 FIFTH AVENUE SOUTH, SUITE 203 NAPLES FL 34102 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALKOW, BRENDA S 800 FIFTH AVENUE SOUTH, SUITE 203 NAPLES FL 34102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 Cuddy Ct. Naples, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Brenda S. Salkow**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/1/01
Date

Daytime Phone #

CR2E083 (11/00)