

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2001 8:00 am
Secretary of State

04-17-2001 90077 048 ****61.25

DOCUMENT # N23585

1. Entity Name
 COLONIAL SQUARE OF NAPLES, INC.

Principal Place of Business
 THOMAS R. BROWN
 2660 AIRPORT RD. S.
 NAPLES, FL 34112

Mailing Address
 THOMAS R. BROWN
 2660 AIRPORT RD. S.
 NAPLES FL 34112

2. Principal Place of Business
 COLONIAL SQUARE REALTY

3. Mailing Address
 COLONIAL SQUARE REALTY

Suite, Apt. #, etc.
 1164 GOODLETTE RD.

Suite, Apt. #, etc.
 P.O. BOX 10608

City & State
 NAPLES FL

City & State
 NAPLES FL

Zip 34102 **Country** UNITED STATES

Zip 34101 **Country** UNITED STATES

4. FEI Number 05-0030123 **Applied For**
 Not Applicable

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

50089

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 BROWN THOMAS R.
 2660 AIRPORT RD. S.
 NAPLES FL 34112

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 *Raymond W. Phillips, Inc.* **RAYMOND W. PHILLIPS, INC.** **FL LIC. #59044** **DATE** 6/20/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reflecting)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD NAME MARK. WOODWARD STREET ADDRESS 801 LAUREL OAK DR. STE. 640 CITY-ST-ZIP NAPLES FL 34108	<input type="checkbox"/> Delete
TITLE UPD NAME KRAUS, CHERYL STREET ADDRESS 1047 GOODLETTE RD. CITY-ST-ZIP NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE STD NAME PHILLIPS, RAYMOND STREET ADDRESS 1064 GOODLETTE RD. CITY-ST-ZIP 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 UPD NAME WOODWARD MARK STREET ADDRESS 3200 TAMMAMI TRAIL N. CITY-ST-ZIP NAPLES FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME KRAUS, CHERYL STREET ADDRESS 1047 GOODLETTE RD. CITY-ST-ZIP NAPLES FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME PHILLIPS, RAYMOND STREET ADDRESS 1064 GOODLETTE RD. CITY-ST-ZIP NAPLES FL 34102	<input checked="" 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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Raymond W. Phillips* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (11/00)