

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29298

1. Entity Name

COLLIER COUNTY LOAN CONSORTIUM, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90112 021 \*\*\*61.25

Principal Place of Business

Mailing Address

3838 TAMiami TRAIL N.  
NAPLES FL 34103  
US

3838 TAMiami TRAIL N.  
NAPLES FL 34103-3590  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0150050

Applied For

Not Applicable

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

MONOS, DENNIS G  
400 EAST 6TH STREET  
LEHIGH ACRES FL 33972

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS NEWMAN, LINDA  
CITY-ST-ZIP 3838 TAMiami TRAIL N.  
NAPLES FL 34103

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS MEROLLA, NANCY  
CITY-ST-ZIP 1800 CORPORATE BLVD NW STE 200  
BOCA RATON FL 33431

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS MONOS, DENNIS  
CITY-ST-ZIP 3838 TAMiami TRAIL N  
NAPLES FL 34103

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LAWTON, MARTY  
CITY-ST-ZIP 4901 TAMiami TRAIL N  
NAPLES FL 34103

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BREEDON, GEORGE  
CITY-ST-ZIP 5801 PELICAN BAY BLVD  
NAPLES FL 34108

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME P  
STREET ADDRESS HAFENBRACK, BRIAN  
CITY-ST-ZIP 900 GOODLETTE ROAD N.  
NAPLES FL 34101

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dennis G. Monos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Monos, Treasurer, 4/28/00, 941-593-2030

Date

Daytime Phone #

CR2E037 (9/99)