

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33453

1. Entity Name

COLLIER/NAPLESCAPE 90'S, INC.

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90183 015 \*\*\*\*70.00

Principal Place of Business

% GEORGE BOTNER  
3050 N. HORSESHOE DR., STE.172  
NAPLES FL 34104  
US

Mailing Address

% GEORGE BOTNER  
3050 N. HORSESHOE DR., STE.172  
NAPLES FL 34104  
US

2. Principal Place of Business

c/o SUSAN WATTS  
Suite, Apt. #, etc.  
3451 BONITA BAY BLVD #202

3. Mailing Address

c/o THOMAS E. BOERIO  
Suite, Apt. #, etc.  
4099 TAMiami TR N #400

City & State

BONITA SPRINGS FL

City & State

NAPLES, FL

Zip

34134

Country

U.S.A.

Zip

34103

Country

U.S.A.

4. FEI Number

65-0131631

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOTNER, GEORGE  
3050 N. HORSESHOE DR.  
SUITE 172  
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name  
THOMAS E. BOERIO  
Street Address (P.O. Box Number is Not Acceptable)  
4099 TAMiami TRAIL N #400  
City  
NAPLES FL Zip Code  
34103

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

TE. Boerio THOMAS E. BOERIO, TREASURER

1/24/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOTNER, GEORGE 3050 N. HORSESHOE DR., STE. 172 NAPLES FL 34104	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATTS, SUSAN 3981 LAKEMONT DR BONITA SPGS FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIALA, DONNA 851 5TH AVE N 301 NAPLES FL	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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 checked="" 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

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:

THOMAS E. BOERIO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01

941-262-1040

Date

Daytime Phone #

CR2E037 (10/00)