

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # N99000005238

1. Entity Name

WORLDCLASS COLLIER, INC.

Principal Place of Business

Mailing Address

3885 HUELVA CT.
NAPLES FL 34109

3885 HUELVA CT.
NAPLES FL 34109-0330

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

65-0952706

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

MULLINS, LARRY
3885 HUELVA CT.
NAPLES FL 34109

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LARRY MULLINS 3885 HUELVA CT. NAPLES, FL 34109-0330 <input type="checkbox"/> Delete D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DAN WINDER 42 GOLF COTTAGE DR. NAPLES, FL 34105 <input type="checkbox"/> Delete D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER LLOYD LIGGETT 4001 TAMiami TRAIL NORTH STE. 200 NAPLES, FL 34103 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MELODY HAINSWORTH 2654 TAMiami TRAIL E. NAPLES, FL 34112-5707 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECRETARY PEGGY GARRETT 821 BUTTON BUSH LANE NAPLES, FL 34108 <input type="checkbox"/> Delete D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT TREASURER JACKIE STEPHENS 1034 6TH AVE N. NAPLES, FL 34102 <input type="checkbox"/> Delete

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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90717 010 *****8.75

05-10-2000 90129 010 *****61.25



DO NOT WRITE IN THIS SPACE

4/27/00 (941)263-4446