

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090748

1. Entity Name

COLLIN ARBORS, INC.

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90127 031 \*\*\*150.00

0139556

Principal Place of Business

12534 WILES ROAD  
CORAL SPRINGS FL 33076

Mailing Address

12534 WILES ROAD  
CORAL SPRINGS FL 33076

544120

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 65-0556987

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

PERRY, CRAIG  
12534 WILES ROAD  
CORAL SPRINGS FL 33076

Name  
Kipnis Tescher Lippman + Valinsky, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
100 NORTHEAST THIRD AVENUE  
Suite 610  
City Fort Lauderdale FL Zip Code 33301

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.

Kipnis Tescher Lippman + Valinsky, P.A.

SIGNATURE Kipnis Tescher Lippman + Valinsky, P.A. DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, or both, is acceptable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete  
NAME D  
STREET ADDRESS PERRY, CRAIG  
CITY-ST-ZIP 735 N.W. 101 TERRACE  
PLANTATION FL 33324

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PERRY, DEBRA  
CITY-ST-ZIP 735 N.W. 101 TERRACE  
PLANTATION FL 33324

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

954-344-8040

Daytime Phone #

CR2E034 (10/00)