

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91375 005 \*\*\*150.00

0637196  
AV

**DOCUMENT # P95000010609**

1. Entity Name  
**COUNTRY HOMES OF COLLIER COUNTY, INC.**



Principal Place of Business  
**1876 TRADE CENTER WAY  
NAPLES FL 34109  
US**

Mailing Address  
**1876 TRADE CENTER WAY  
NAPLES FL 34109  
US**



2. Principal Place of Business

**6566 ILEX CIRCLE**

3. Mailing Address

**6566 ILEX CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**NAPLES FL**

City & State

**NAPLES FL**

4. FEI Number

**65-0576108**

Applied For

Not Applicable

Zip

Country

**34109 U.S.A.**

Zip

Country

**34109 U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, PETER  
1876 TRADE CENTER WAY  
NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name  
**ROBERTS, PETER**  
Street Address (P.O. Box Number is Not Acceptable)  
**6566 ILEX CIRCLE**  
City  
**NAPLES FL** Zip Code  
**34109**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

**4/3/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME  
**ROBERTS, PETER**  
STREET ADDRESS  
**1876 TRADE CENTER WAY**  
CITY-ST-ZIP  
**NAPLES FL 34109**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **I** ☒ Change ☐ Addition  
NAME  
**ROBERTS, PETER**  
STREET ADDRESS  
**6566 ILEX CIRCLE**  
CITY-ST-ZIP  
**NAPLES FL 34109**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, 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 lines empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**4/3/03 (239)**  
**597 3200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)