

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90349 042 ***150.00

DOCUMENT # P97000065816

1. Entity Name
THE COLLIER CLUB, INC.

Principal Place of Business
1999 POINTE WEST DRIVE
VERO BEACH FL 32966

Mailing Address
1999 POINTE WEST DRIVE
VERO BEACH FL 32966

753109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0775364

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MECHLING, CHARLES R
4445 N A1A
SUITE 250
VERO BEACH FL 32963

Name

Street Address (P.O. Box Number is Not Acceptable)

1999 POINTE WEST DR

City

Vero Beach

FL

Zip Code

32966

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 Charles R. Mechling CHARLES R. MECHLING-PRESIDENT 4/23/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 D ☐ Delete
NAME MCCHLING, CHARLES R
STREET ADDRESS 1999 POINTE WEST DRIVE
CITY-ST-ZIP VERO BEACH FL 32966

TITLE ☐ Change ☐ Addition
NAME DIPS MECHLING, CHARLES R. ☒ CORRECTION
STREET ADDRESS
CITY-ST-ZIP

TITLE VPTD ☐ Delete
NAME ADAMS, JIM
STREET ADDRESS 1999 POINTE WEST DRIVE
CITY-ST-ZIP VERO BEACH FL 32966

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME SD MELCHIORI, STEPHEN
STREET ADDRESS 1999 POINTE WEST DR
CITY-ST-ZIP VERO BEACH, FL 32966

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

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 all other like information.

SIGNATURE: Charles R. Mechling CHARLES R. MECHLING-4-23-01 (561) 794-4517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)