

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

07-07-2000 90459 015 \*\*\*550.00

**DOCUMENT # P97000080756**

Entity Name

**WEBB COLLINS MANAGEMENT COMPANY, INC.**

Principal Place of Business

Mailing Address

**PUNTA RASSA ROAD  
1006**

**15031 PUNTA RASSA ROAD  
UNIT 1006  
FT. MYERS FL 33908-2756**

Principal Place of Business

**4635 Coronado Pkwy, #7**

3. Mailing Address

**4635 Coronado Parkway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Suite 7**

City & State

**Cape Coral, FL**

City & State

**Cape Coral, FL**

4. FEI Number

**65-0783272**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33904**

**Lee**

**33904**

**Lee**

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

**WEBB, SANDRA J  
15031 PUNTA RASSA ROAD  
UNIT 1006  
FT. MYERS FL 33908**

Name

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

**4635 Coronado Parkway, Suite 7**

City

**Cape Coral**

**FL**

Zip Code  
**33904**

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 *Sandra J. Webb* President *6-29-00*

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D WEBB, SANDRA J 15031 PUNTA RASSA ROAD FT. MYERS FL 33908</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4635 Coronado Pkwy, Suite 7 Cape Coral, FL 33904</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COLLINS, ANTHONY V 4653 CORONADO PARKWAY, SUITE 7 CAPE CORAL FL 33904</b>	<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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)