

# 2000 UNIFORM BUSINESS REPORT (UBR)

0475302

DOCUMENT # P97000094850

1. Entity Name

COLLIER INVESTMENTS, INC.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3003 TAMiami TR N #400  
NAPLES FL 34103  
US

Mailing Address

3003 TAMiami TRAIL N  
SUITE 400  
NAPLES FL 34103-2714  
US

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 59-3481737

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENINSULA REGISTERED AGENTS, INC.  
200 S BISCAYNE BLVD #4874  
MIAMI FL 33131

Name Corporation Services Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

City Tallahassee, FL Zip Code 32301

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

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 D ☐ Delete  
NAME COLLIER, MILES C  
STREET ADDRESS 3003 TAMiami TRAIL N, STE 400  
CITY-ST-ZIP NAPLES FL 34103

TITLE DC ☒ Change ☐ Addition  
NAME Collier, Miles C.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME COLLIER, BARRON G II  
STREET ADDRESS 3003 TAMiami TRAIL N, STE 400  
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Change ☐ Addition  
NAME 8000003236185  
STREET ADDRESS -05/03/00--01059--016  
CITY-ST-ZIP \*\*\*\$150.00 \*\*\*\$150.00

TITLE D ☐ Delete  
NAME FLOOD, THOMAS J  
STREET ADDRESS 3003 TAMiami TRAIL N, STE 400  
CITY-ST-ZIP NAPLES FL 34103

TITLE DP ☒ Change ☐ Addition  
NAME Flood, Thomas J.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VST ☐ Change ☒ Addition  
NAME O'Connor, John D.  
STREET ADDRESS 3003 Tamiami Trail N., #400  
CITY-ST-ZIP Naples, FL 34103

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)