

2000 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # P97000097281

1. Entity Name
COLLINGSWOOD PARKE, INC.

FILED

00 JUN 19 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3838 NORTH TAMiami TRAIL
#414
NAPLES FL 34103
US

Mailing Address
3838 NORTH TAMiami TRAIL
#414
NAPLES FL 34103-3586
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3535666
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KLOHN, WILLIAM L
3838 NORTH TAMiami TRAIL
#414
NAPLES FL 34103

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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		
TITLE	D <input type="checkbox"/> Delete	
NAME	KLOHN, WILLIAM L	
STREET ADDRESS	3838 NORTH TAMiami TRAIL #414	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	200003314252--0	
STREET ADDRESS	-07/06/00--01008--006	
CITY-ST-ZIP	***1200.00 ****150.00	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LS	
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: W. Kohn 9/14/00 741-262-5533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

June 16, 2000

Florida Department of Revenue
Division of Corporations
Attn: Leslie Sellers
PO Box 6327
Tallahassee, Florida 32314

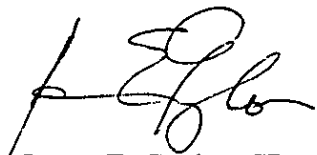
Re: Lost Annual Reports

Dear Ms. Sellers:

Pursuant to our telephone conversation yesterday, I am enclosing copies of the eight 2000 Uniform Business Reports and a replacement check for the fee. To refresh your memory, I spoke to you about the problem that became apparent when I discovered that the eight original checks (dated April 14, 2000) used to pay the fees were still outstanding and are apparently lost.

Thank you for your help and understanding in this matter.

Yours truly



James E. Gaylor, CPA
Chief Financial Officer

enclosures