

2001 UNIFORM BUSINESS REPORT (UBR)

\$150.00

DOCUMENT # P97000100254

1. Entity Name

CENTURY DEVELOPMENT OF COLLIER COUNTY, INC.

Principal Place of Business

801 LAUREL OAK DRIVE
SUITE 400
NAPLES FL 34108

Mailing Address

801 LAUREL OAK DRIVE
SUITE 400
NAPLES FL 34108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESTER, DON E
801 LAUREL OAK DRIVE
SUITE 400
NAPLES FL 34108

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

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 V
NAME LESTER, DEAN C
STREET ADDRESS 9927 KONA ISLE CT.
CITY-ST-ZIP ORLANDO FL 32817 ☐ Delete

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

TITLE ST
NAME LESTER, SUZANNE F
STREET ADDRESS 46688 OAKLEAF
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000004417898-2
-06/13/01 -01059--025
****750.00 ****150.00

TITLE V
NAME WICKLIFFE, CHARLES D
STREET ADDRESS 27056 JARVIS ROAD
CITY-ST-ZIP BONITA SPRINGS FL 34135 ☐ Delete

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

TITLE P
NAME LESTER, DON E
STREET ADDRESS 4688 OAKLEAF
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: DON E. LESTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

941-593-1000

Daytime Phone #

CR2E034 (10/00)

0010005

APPROVED
AND
FILED

01 MAY 21 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3478877

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required