

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007750

1. Entity Name

COLONY CORPORATE CENTRE, INC.

Principal Place of Business

Mailing Address

13356 ROSEWOOD LANE
NAPLES FL 34119

13356 ROSEWOOD LANE
NAPLES FL 34103-2250

2. Principal Place of Business

3. Mailing Address

4201 GULF SHORE BLVD N.

4201 GULF SHORE BLVD N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

502

802

City & State

City & State

NAPLES, FL

NAPLES, FL

Zip

Country

Zip

Country

34103

USA

34103

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRISON, DAVID N
3838 TAMiami TRAIL NORTH
SUITE 402
NAPLES FL 34103

Name D'JAMOOS, JOSEPH E.

Street Address (P.O. Box Numbers Not Acceptable)

4201 GULF SHORE BLVD N.

802

City

NAPLES

FL

Zip Code

34103

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

1/4/2000

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
NAME D'JAMOOS, JOSEPH E
STREET ADDRESS 13356 ROSEWOOD LANE
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME D'JAMOOS, JOSEPH E.
STREET ADDRESS 4201 GULF SHORE BLVD N.
CITY-ST-ZIP NAPLES, FL 34103 ☒ Change ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Delete

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90029 017 ***150.00

C0000734



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3490328 Applied For ☐ Not ☐

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

1/4/2000 99-290-7900
Date Daytime Phone #