

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076170

1. Entity Name

THE OLD COLLIER GOLF CLUB, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90377 039 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3003 TAMIAMI TRAIL NORTH
NAPLES FL 34103

Mailing Address

3003 TAMIAMI TRAIL NORTH
NAPLES FL 34103-2714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Ste 400

Suite, Apt. #, etc.
Ste 400

City & State

City & State

4. FEI Number

59-3531571

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FLORA, TERRY L
3003 TAMIAMI TRAIL NORTH
NAPLES FL 34103

Name

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

Ste 400

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, 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 **P** ☐ Delete
NAME **BIRR, JEFFREY M**
STREET ADDRESS **3003 TAMIAMI TRAIL NORTH, SUITE 400**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **PD** ☒ Change ☐ Addition
NAME **Birr, Jeffrey M.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **FLOOD, THOMAS J**
STREET ADDRESS **3003 TAMIAMI TRAIL NORTH, SUITE 400**
CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE **VP** ☒ Delete
NAME **TAYLOR, MICHAEL O**
STREET ADDRESS **3003 TAMIAMI TRAIL NORTH, SUITE 400**
CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE **VPS** ☐ Delete
NAME **FLORA, TERRY L**
STREET ADDRESS **3003 TAMIAMI TRAIL NORTH, SUITE 400**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **VSD** ☒ Change ☐ Addition
NAME **Flora, Terry L.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **MASON, CHARLES H**
STREET ADDRESS **3003 TAMIAMI TRAIL NORTH, SUITE 400**
CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE **AST** ☐ Delete
NAME **CORINA, ROBERT D**
STREET ADDRESS **3003 TAMIAMI TRAIL NORTH, SUITE 400**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **AT** ☒ Change ☐ Addition
NAME **CORINA, ROBERT D.**
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 of Terry L. Flora
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Terry L. Flora 4/20/00 941-261-4455

CR2E034 (9/99)