

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084868

1. Entity Name

COLLIER RANCH GENERAL CORP.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90157 039 ***150.00

Principal Place of Business

600 CLEVELAND STREET #990 670
CLEARWATER FL 33755

Mailing Address

P.O. BOX 4981
ORLANDO FL 32802-4981

2. Principal Place of Business

Suite, Apt. #, etc.
670

City & State

Zip

Country

3. Mailing Address

600 Cleveland Street

Suite, Apt. #, etc.

Suite 670

City & State

Clearwater, FL

Zip

33755

Country

USA

4. FEI Number

59-3605272

Applied For

Not Applicable

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

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, 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	COBD	<input type="checkbox"/> Delete
NAME	REYNOLDS, CLIFFORD W	
STREET ADDRESS	600 CLEVELAND STREET #990 670	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	LAIRD, ROBERT C	
STREET ADDRESS	600 CLEVELAND STREET #990	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	PALMA, STANLEY	
STREET ADDRESS	600 CLEVELAND STREET #990	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYNOLDS, ELOISE	
STREET ADDRESS	600 CLEVELAND STREET, STE. 990 670	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ransdell, Jerry	
STREET ADDRESS	600 Cleveland St #670	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDIN, JOY	
STREET ADDRESS	600 Cleveland St #670	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE	VPST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BESSLER, SUZANNE	
STREET ADDRESS	600 Cleveland St #670	
CITY-ST-ZIP	Clearwater, FL 33755	
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		

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

4-03-00

Date

Daytime Phone #

CR2E034 (9/99)