## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 02, 2002 8:00 am § Secretary of State DOCUMENT # S55260 1. Entity Name 05-02-2002 90057 009 \*\*\*150 00 COLLIER PRESIDENTIAL, INC. Principal Place of Business Mailing Address 3003 TAMIAMI TRAIL NORTH 3003 TAMIAMI TRAIL NORTH STE 400 STE 400 NAPLES FL 34103 NAPLES FL 34103 i de la companya de l 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0317226 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLORA, TERRY L Street Address (P.O. Box Number is Not Acceptable) 3003 9TH ST N SUITE 400 NAPLES FL 34103 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE ☐ Delete TITLE Change FLOOD, THOMAS J. NAME NAME 3003 TAMIAMI TRAIL N. STE 400 STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP CITY-ST-ZIP TITLE ٧D ☐ Delete TITLE Change Addition NAME BIRR, JEFFREY M. NAME STREET ADDRESS 3003 TAMIAMI TRAIL N. STE 400 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE VSD TITLE NAME FLORA, TERRY L STREET ADDRESS 3003 TAMIAMI TR N. STE 400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 TITLE ☐ Delete TITLE ☐ Addition NAME OCONNOR, JOHN D NAME 3003 TAMiami Trail N. STE YOU 3003 TAMIAMI TR N. STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP 34103 Change AT ☐ Delete TITLE ☐ Addition TITLE CORINA, ROBERT D NAME NAME 3003 TAMIAMI TR N. STE 400 STREET ADDRESS STREET ADDRESS NAPLES FL 34103 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE:

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

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

Flora, VP 4/18/02 941/261-4455

FILED