

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90149 049 ****61.25

DOCUMENT # 713365

1. Entity Name

GRAND PRIX APARTMENTS, INC., A CONDOMINIUM CORPO

Principal Place of Business

Mailing Address

**820 KETCH DRIVE
 NAPLES FL 34103
 US**

**820 KETCH DRIVE
 NAPLES FL 34103-2702
 US**

710902



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1812527

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

**MARTIN, HELEN T
 820 KETCH DR. #6
 NAPLES FL 34103**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DV HARRISON, CHARLES R.**
 STREET ADDRESS **932 MARBLEHEAD DRIVE**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SVD GIROLAMO, JOS**
 STREET ADDRESS **95 HARBOR DR**
 CITY-ST-ZIP **BELLEAIR BCH FL 34786**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~MURRAY TROY T~~ **HAYNES PADDY**
 STREET ADDRESS ~~820 KETCH DRIVE #8~~ **820 KETCH DR #1**
 CITY-ST-ZIP ~~NAPLES FL 34103~~ **NAPLES FL 34103**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PDT MARTIN, HELEN T.**
 STREET ADDRESS **820 KETCH DRIVE #6**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D QUATRARO, JOHN**
 STREET ADDRESS **820 KETCH DR, #5**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 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

HELEN T. MARTIN 941-261-5092
Helen T. Martin 2/1/00

Date Daytime Phone #