

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**  
 05-24-2000 90070 010 \*\*\*158.75

**DOCUMENT #** K39208 (9)  
 Entity Name  
**GULF BAY DEVELOPMENT PLANNERS, INC.**

**1. Principal Place of Business**  
 c/o WOODWARD, PIRES & LOMBARDO, P.A.  
 801 LAUREL OAK DRIVE  
 SUITE 710  
 NAPLES, FL 34108

**2. Mailing Address**  
 c/o WOODWARD, PIRES & LOMBARDO, P.A.  
 801 LAUREL OAK DRIVE  
 SUITE 710  
 NAPLES, FL 34108

**C0097834**

DO NOT WRITE IN THIS SPACE

**3. Mailing Address**  
 Suite, Apt. #, etc.

**4. FEI Number** 65-0077353 Applied For Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 WOODWARD, MARK J.  
 801 LAUREL OAK DR., SUITE 710  
 NAPLES, FL 34108

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

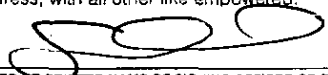
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	PD FERRAO, AUBREY J. 4001 TAMiami TR. N., STE. 350 NAPLES, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP 3470 CLUB CENTER BLVD. NAPLES, FL 34114
<input type="checkbox"/> Delete	D WOODWARD, MARK J. 801 LAUREL OAK DR., STE. 710 NAPLES, FL 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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

Date: 3/23/00 (941) 732-9400  
 Daytime Phone #

CR2E034 (9/99)