## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2002 8:00 am Secretary of State DOCUMENT # L0000002194 05-22-2002 90265 025 \*\*\*\*50.00 GULF SHORES MARINA, L.L.C. Principal Place of Business Mailing Address 3470 BAYSHORE DR. 3470 BAYSHORE DR. NAPLES FL 34112 NAPLES FL 34112 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3632962 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VOLPE, MICHAEL J ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O LAW OFFICES OF MICHAEL J. VOLPE, J.D. 1400 GULF SHORES BLVD. N., STE. 218 NAPLES FL 34102 Zip Code City FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. **MGRM** ☐ Change Addition TITLE ☐ Delete MAIN, KENNETH A II NAME NAME CR2E083 STREET ADDRESS STREET ADDRESS 3643 NORTH RD CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 ☐ Change ☐ Addition ☐ Delete TITI F MAIN, STEPHEN C NAME NAME STREET ADDRESS 15 NEWBURY PLACE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NAPLES FL 34102 Change Addition TITLE ☐ Delete TITLE MAIN, NANCY C NAME NAME 395 21ST AVE., S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34102 MBR ☐ Delete TITLE ☐ Change ☐ Addition TITLE PRIOLI, LAURA MAIN NAME STREET ADDRESS 730 CLARENDON CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 MBR ☐ Addition ☐ Delete MAIN, DAVID C NAME STREET ADDRESS 8940 SAN GABRIEL STREET ADDRESS CITY-ST-ZIP ATASCADERO CA 93422 CITY-ST-ZIP MBR TITLE ☐ Delete TITLE Change Addition NAME TUW KENNETH A MAIN ESTATE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

395 21ST AVE., S.

NAPLES FL 34102

STREET ADDRESS

CITY-ST-ZIP

FILED