

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45611

1. Entity Name

GRAND BAY CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

GRAND BAY DR.
NAPLES FL 34108
US

P.O. BOX 9709
NAPLES FL 34101-9709
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0324917

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

HART, STEPHEN P
COLLIER FINANCIAL INC.
4985 E. TAMiami TRAIL
NAPLES FL 34113

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 VPD ☐ Delete
NAME KAPETAN, PETER
STREET ADDRESS 742 BURR STREET
CITY-ST-ZIP FAIRFIELD CT 06430

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME GEBBIE, DOUGLAS
STREET ADDRESS 7936 GRAND BAY DRIVE
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME AUTY, JAMES (
STREET ADDRESS 7932 GRAND BAY DRIVE
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME LOZELLE, GAIL
STREET ADDRESS 7971 GRAND BAY DRIVE
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPSD ☐ Delete
NAME SEBLATHIGG, GERHARD
STREET ADDRESS 7960 GRAND BAY DRIVE
CITY-ST-ZIP NAPLES FL 34108

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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90166 047 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)