2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # **P93000030814**

1. Entity Name
GREY OAKS COMMUNITY SERVICES, INC.

Principal Place of Business	Mailing Address
2600 GOLDEN GATE PKWY	P.O. BOX 413038
NAPLES FL	NAPLES FL
34105 US	34101 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0404980** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARINELLI PAUL J.
2600 GOLDEN GATE PARKWAY
STTE 200
NAPLES FL
34105 US

7. Name and Address of New Registered Agent

Name
MARINELLI PAUL J.
Street Address (P.O. Box Number is Not Acceptable)
2600 GOLDEN GATE PARKWAY
City NAPLES **FL** Zip Code 34105

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 _____ **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. 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, 2001 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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE	D		TITLE	D	
NAME	LYNTON HAROLD S		NAME	LYNTON HAROLD S	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY		STREET ADDRESS	2600 GOLDEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL		CITY-ST-ZIP	NAPLES FL 34105	
TITLE	AS	☐ Delete	TITLE	AS	☒ Change ☐ Addition
NAME	CROWLEY DAVID		NAME	GOGUEN BRIAN L	
STREET ADDRESS	2600 GOLDEN GATE PKWY		STREET ADDRESS	2600 GOLDEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL		CITY-ST-ZIP	NAPLES FL 34105	
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	SPROUL KATHERINE G		NAME	SPROUL KATHERINE G	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY		STREET ADDRESS	2600 GOLDEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL		CITY-ST-ZIP	NAPLES FL 34105	
TITLE	TS	☐ Delete	TITLE	TS	☒ Change ☐ Addition
NAME	MARINELLI PAUL J		NAME	MARINELLI PAUL J	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY		STREET ADDRESS	2600 GOLDEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL		CITY-ST-ZIP	NAPLES FL 34105	
TITLE	CD	☐ Delete	TITLE	CD	☒ Change ☐ Addition
NAME	SPROUL JULIET C		NAME	SPROUL JULIET C	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY		STREET ADDRESS	2600 GOLDEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL		CITY-ST-ZIP	NAPLES FL 34105	
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SANSBURY THOMAS W		NAME		
STREET ADDRESS	2600 GOLDEN GATE PKWY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34105		CITY-ST-ZIP		

CR2E034 (11/00)

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: THOMAS W. SANSBURY P 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #