

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

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

**DOCUMENT # P97000020275**

1. Entity Name  
 BC WETLANDS, INC.

Principal Place of Business  
 2600 GOLDEN GATE PKWY  
 200  
 NAPLES FL 34105 US

Mailing Address  
 PO BOX 413038  
 NAPLES FL 34101 US

2. Principal Place of Business  
 2600 GOLDEN GATE PKWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 NAPLES FL

City & State

4. FEI Number  
**65-0735749**

Applied For  Not Applicable

Zip Country  
 34105 US

Zip Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

MARINELLI PAUL J  
 2600 GOLDEN GATE PKWY STE 200  
 NAPLES FL 34105 US

Name  
 MARINELLI PAUL J  
 Street Address (P.O. Box Number is Not Acceptable)  
 2600 GOLDEN GATE PKWY  
 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 \_\_\_\_\_ DATE **04/30/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	SPROUL JULIET C	
STREET ADDRESS	2600 GOLDEN GATE PKWY STE 200	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLIER BARRON III	
STREET ADDRESS	2600 GOLDEN GATE PKWY STE 200	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	CD	<input type="checkbox"/> Delete
NAME	GABLE LAMAR	
STREET ADDRESS	2600 GOLDEN GATE PKWY STE 200	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOAZ BRADLEY A	
STREET ADDRESS	2600 GOLDEN GATE PKWY STE 200	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	V	<input type="checkbox"/> Delete
NAME	BORDEN DAVID K	
STREET ADDRESS	2600 GOLDEN GATE PKWY STE 200	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARINELLI PAUL J	
STREET ADDRESS	2600 GOLDEN GATE PKWY STE 200	
CITY-ST-ZIP	NAPLES FL 34105	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPROUL JULIET C	
STREET ADDRESS	2600 GOLDEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER BARRON III	
STREET ADDRESS	2600 GOLDEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABLE LAMAR	
STREET ADDRESS	2600 GOLDEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOAZ BRADLEY A	
STREET ADDRESS	2600 GOLDEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORDEN DAVID K	
STREET ADDRESS	2600 GOLDEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINELLI PAUL J	
STREET ADDRESS	2600 GOLDEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL 34105	

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:** PAUL J. MARINELLI P Date **04/30/2001** Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)