

2000 UNIFORM BUSINESS REPORT (UBR)

0482110

DOCUMENT # P97000068040

Entity Name

BAY MARINA PROPERTY, INC.

1062

FILED

00 MAY -1 PM 3: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address	
TAMIAMI TRL., N., STE. 300 NAPLES FL 34105		4001 TAMIAMI TRL., N., STE. 300 NAPLES FL 34103-3591	
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		23-2917370		Applied For	
				Not Applicable	
5. Certificate of Status Desired			<input type="checkbox"/>		
			\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
GOODLETTE, J. DUDLY E GOODLETTE, COLEMAN & JOHNSON, P.A. 4001 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES FL 34103			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: _____ (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, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	---	---	------------------------------------

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	D MCKOWN, DAVID 718 BIGELOWCORP CENTER PITTSBURGH PA 15219-3028	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP 200003232912--8
<input type="checkbox"/> Delete	D MCGROGAN, DANIEL SUITE 718, BIGELOW CORP. CENTER PITTSBURGH PA 15219	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	D FINEGOLD, ALAN H. 6 PPG PLACE PITTSBURGH PA 15222	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	KENNETH R. JOHNSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	ASST. SEC. KENNETH R. JOHNSON 4001 TAMIAMI TRAIL NORTH #300 NAPLES, FL 34103
<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

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: Kenneth R. Johnson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: KENNETH R. JOHNSON ASST. SEC.
Date: 4/27/2000 Daytime Phone #: 941-485-3335

CR2E034 (9/99)

2062



ACCOUNT NO. : 072100000032

REFERENCE : 680661

7103152
Patricia Pizit

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : May 1, 2000

ORDER TIME : 10:57 AM

ORDER NO. : 680661-005

CUSTOMER NO: 7103152

CUSTOMER: Kenneth R. Johnson, Esq
Goodlette Coleman & Johnson,
Suite 300
4001 Tamiami Trail North
Naples, FL 34103

ANNUAL REPORT FILING

NAME: BAY MARINA PROPERTY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS:

RECEIVED
 00 MAY - 1 PM 1:44
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA