

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # P97000095705

1. Entity Name
BAY LANDING I, INC.

Principal Place of Business
 2600 GOLDEN GATE PKY.
 NAPLES FL 34105

Mailing Address
 PO BOX 413038
 NAPLES US 34101

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number
59-3477282

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARINELLI PAUL J
 2600 GOLDEN GATE PKY.
 NAPLES FL 34105

7. Name and Address of New Registered Agent

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 _____ **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	
TITLE D	<input type="checkbox"/> Delete
NAME COLLIER BARRON III	
STREET ADDRESS 2600 GOLDEN GATE PKY.	
CITY-ST-ZIP NAPLES FL 34105	
TITLE CD	<input type="checkbox"/> Delete
NAME GABLE LAMAR	
STREET ADDRESS 2600 GOLDEN GATE PKY.	
CITY-ST-ZIP NAPLES FL 34105	
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 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 PKY.	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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 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 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 **04/30/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)