

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # V51002

1. Entity Name
GREY OAKS REALTY, INC.

Principal Place of Business 2600 GOLDEN GATE PKWY NAPLES 34105 FL US	Mailing Address P.O. BOX 413038 NAPLES 33941 US FL
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 413038 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State NAPLES FL	City & State NAPLES FL
Zip 34105	Country US

4. FEI Number 65-0347224	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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
 STE. 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 _____ 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	
TITLE AS <input type="checkbox"/> Delete	CROWLEY DAVID
NAME	2600 GOLDEN GATE PKWY STE 200
STREET ADDRESS	NAPLES FL 34105
CITY-ST-ZIP	
TITLE VTS <input type="checkbox"/> Delete	MARINELLI PAUL J
NAME	2600 GOLDEN GATE PKWY
STREET ADDRESS	NAPLES FL
CITY-ST-ZIP	
TITLE V <input type="checkbox"/> Delete	DICKINSON CAROLINE S
NAME	2600 GOLDEN GATE PKWY STE 200
STREET ADDRESS	NAPLES FL 34105
CITY-ST-ZIP	
TITLE P <input type="checkbox"/> Delete	SANSBURY THOMAS W
NAME	2600 GOLDEN GATE PKWY STE 200
STREET ADDRESS	NAPLES FL 34105
CITY-ST-ZIP	
TITLE CD <input type="checkbox"/> Delete	SPROUL JULIET C
NAME	2600 GOLDEN GATE PARKWAY
STREET ADDRESS	NAPLES FL
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	GOGUEN BRIAN L
NAME	2600 GOLDEN GATE PKWY
STREET ADDRESS	NAPLES FL 34105
CITY-ST-ZIP	
TITLE VTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	MARINELLI PAUL J
NAME	2600 GOLDEN GATE PKWY
STREET ADDRESS	NAPLES FL 34105
CITY-ST-ZIP	
TITLE V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DICKINSON CAROLINE S
NAME	2600 GOLDEN GATE PKWY
STREET ADDRESS	NAPLES FL 34105
CITY-ST-ZIP	
TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SANSBURY THOMAS W
NAME	2600 GOLDEN GATE PKWY
STREET ADDRESS	NAPLES FL 34105
CITY-ST-ZIP	
TITLE CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SPROUL JULIET C
NAME	2600 GOLDEN GATE PKWY
STREET ADDRESS	NAPLES FL 34105
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Date 04/30/2001 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)