

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90033 044 ***158.75

DOCUMENT # P93000015485

1. Entity Name
GULF BAY 100, INC.

Principal Place of Business 801 LAUREL OAK DRIVE 710 NAPLES FL 34108 US		Mailing Address 801 LAUREL OAK DRIVE 710 NAPLES FL 34108-2707 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 65-0395715				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODWARD, MARK J 801 LAUREL OAK DRIVE 710 NAPLES FL 34108			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code

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 _____
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) <input type="checkbox"/>	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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODWARD, MARK J 801 LAUREL OAK DR, STE 710 NAPLES FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIRES, ANTHONY P. JR. 801 LAUREL OAK DR STE 710 NAPLES FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3470 Club Center Blvd. Naples, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERRAO, AUBREY J. 4001 TAMIAMI TRL NO, #350 NAPLES FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DiNardo, Anthony 3470 Club Center Blvd. Naples, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: _____ **7/23/00** **(941) 232-9400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)