

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096605

1. Entity Name
GULF BAY CAPITAL, INC.

FILED
May 12, 2001 8:00 am
Secretary of State
05-12-2001 90009 015 ***158.75

Principal Place of Business
3470 CLUB CENTER BLVD.
NAPLES FL 34114

Mailing Address
3470 CLUB CENTER BLVD.
NAPLES FL 34114

2. Principal Place of Business
3200 Tamiami Trail N.

3. Mailing Address
3200 Tamiami Trail N.

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Naples, FL

City & State
Naples, FL

Zip
34103

Zip
34103

4. FEI Number 59-3553096

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODWARD, MARK J
801 LAUREL OAK DR, STE 710
NAPLES FL 34108

Name
Street Address (P.O. Box Number is Not Acceptable)
3200 Tamiami Trail N., Ste. 200
City Naples FL Zip Code 34103

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)

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 ☐ Delete
NAME PARISI, JOSEPH LIVIO
STREET ADDRESS 4001 TAMIAMI TRAIL N, STE 350
CITY-ST-ZIP NAPLES FL 34103

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3470 Club Center Blvd.
CITY-ST-ZIP Naples, FL 34114

TITLE D ☐ Delete
NAME DINARDO, ANTHONY
STREET ADDRESS 4001 TAMIAMI TRAIL N, STE 350
CITY-ST-ZIP NAPLES FL 34103

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3470 Club Center Blvd.
CITY-ST-ZIP Naples, FL 34114

TITLE D ☐ Delete
NAME WOODWARD, MARK J
STREET ADDRESS 801 LAUREL OAK DR, STE 710
CITY-ST-ZIP NAPLES FL 34108

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3200 Tamiami Trail N., Ste. 200
CITY-ST-ZIP Naples, FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Anthony Dinardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/26/01 Daytime Phone # 941 732 9400

CR2E034 (10/00)