

2001 UNIFORM BUSINESS REPORT (UBR)

0010744 AF

DOCUMENT # A00000000104

1. Entity Name

ESTUARY AT GREY OAKS, LTD.

FILED

01 APR 20 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4200 GULF SHORE BLVD. N.
NAPLES FL 34103

Mailing Address

4200 GULF SHORE BLVD. N.
NAPLES FL 34103



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

59-3629417

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

NAPLES GOLF COURSE DEVELOPERS, INC.
4200 GULF SHORE BLVD. N.
NAPLES FL 34103

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000002055
NAME NAPLES GOLF COURSE DEVELOPERS, INC.
STREET ADDRESS 4200 GULF SHORE BLVD. N.
CITY-ST-ZIP NAPLES FL 34103

STREET ADDRESS

CITY-ST-ZIP

800004137078--6

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

HOWARD B. GUTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

VICE PRESIDENT OF GENERAL PARTNERSHIP

Date

Daytime Phone #

4/18/01 (941) 261-6100

CR2E003 (11/00)