

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004753 AV

DOCUMENT # A00000000104

1. Entity Name  
ESTUARY AT GREY OAKS, LTD.



FILED

03 APR 15 PM 3:34

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

4. FEI Number 59-3629417

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2003

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

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 FL. 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 ESTUARY AT GREY OAKS, LTD.  
STREET ADDRESS NAPLES GOLF COURSE DEVELOPERS, INC.  
CITY-ST-ZIP 4200 GULF SHORE BLVD. N.  
NAPLES FL 34103

STREET ADDRESS

CITY-ST-ZIP

This is a name change  
only of General Partner

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400016081794

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

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 (VICE PRESIDENT) OF GEN. PARTNERSHIP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/03  
Date

(239) 261-6100  
Daytime Phone #

CR2E003 (10/02)