

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003675 AF

DOCUMENT # **A00000000442**

1. Entity Name

**GB PENINSULA, LTD.**

**FILED**

*WES/23*

**01 MAY 11 AM 9:22**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**200 S. BISCAYNE BLVD  
STE 4900  
MIAMI FL 33131**

Mailing Address

**200 S. BISCAYNE BLVD  
STE 4900  
MIAMI FL 33131**

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**

Country

Zip

**34103**

Country

4. FEI Number

**59-3692446**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GRAGG, K. LAWRENCE**

**200 S. BISCAYNE BLVD., STE 4900  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**Mark J. Woodward**

Street Address (P.O. Box Number is Not Acceptable)

**3200 Tamiami Trail N., Suite 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

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

(NOT: Registered Agent signature required when reinstating)

*[Signature]*

*Mark J. Woodward*

*2/22/01*

9. Capital Contributions  
as Shown on record.

**\$0.00**

10. Amount of Capital Contributions

in FLORIDA to date. **\$771,769.00**

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

DOCUMENT # **P00000024760**  
NAME **GB PENINSULA, INC**  
STREET ADDRESS **3470 CLUN CENTER BLVD**  
CITY-ST-ZIP **NAPLES FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **3470 Club Center Blvd.**

CITY-ST-ZIP **Naples, FL 34114**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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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

**Aubrey J. Ferrao, Authorized Agent**

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4/25/01*

Date

**941-732-9400**

Daytime Phone #

CR2E003 (11/00)