

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000001397**

1. Entity Name

GB PARCEL 100, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 20 PM 12:38

Handwritten initials: HGB/3

Principal Place of Business

**3470 CLUB CENTER BLVD.
C/O GULF BAY MANAGEMENT INC.
NAPLES FL 34114-0816**

Mailing Address

**3470 CLUB CENTER BLVD.
C/O GULF BAY MANAGEMENT INC.
NAPLES FL 34114-0816**



2. Principal Place of Business

3. Mailing Address

3200 Tamiami Trail N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

**City & State
Naples, FL**

DUE BY MAY 1, 2002

4. FEI Number

59-3759383

Applied For

Not Applicable

Zip

Country

Zip

34103

Country

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

3200 TAMIAMI TRAIL NORTH

SUITE 200

NAPLES FL 33410

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.

DATE

9. Capital Contributions as Shown on record.

\$7,500.00

10. Amount of Capital Contributions in FLORIDA to date.

7,500.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P01000100324**
NAME **GB PARCEL 100, INC.**
STREET ADDRESS **3470 CLUB CENTER BLVD.**
CITY-ST-ZIP **NAPLES FL 34114-0816**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

800005695358--3
-06/06/02--01092--001

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

800005695358--3
-06/06/02--01092--002

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DOCUMENT #
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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

SIGNATURE:

Handwritten signature: Mark J. Woodward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-25-02 (239) 732-9400

CR2E003 (9/01)

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