

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001241

1. Entity Name

GULF BAY DEVELOPMENT ADVOCATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

6:00 MAY 12 PM 1:33

Principal Place of Business
4001 TAMiami TRAIL, SUITE 350
NAPLES FL 34103

Mailing Address
801 LAUREL OAK DR. SUITE 710
NAPLES FL 34108-2707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0523214

Applied For
Not Applicable

Zip

Country

Zip

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
801 LAUREL OAK DRIVE, SUITE 710
NAPLES FL 34108

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. \$990.00

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 # L88996
NAME GULF BAY DEVELOPMENT ADVOCATES, INC.
STREET ADDRESS 4001 TAMiami TRAIL NORTH, SUITE 350
CITY - ST - ZIP NAPLES FL 33940

STREET ADDRESS 3470 Club Center Blvd.
CITY - ST - ZIP Naples, FL 34114

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/23/00

Date

(941) 732-9400

Daytime Phone #