

2001 UNIFORM BUSINESS REPORT (UBR)

0010825 AF

DOCUMENT # A94000001241

1. Entity Name

GULF BAY DEVELOPMENT ADVOCATES, LTD.

FILED

Principal Place of Business

4001 TAMiami TRAIL, SUITE 350
NAPLES FL 34103

Mailing Address

801 LAUREL OAK DR. SUITE 710
NAPLES FL 34108

01 MAY 11 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3200 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 200

3. Mailing Address

3200 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 200

City & State

Naples, FL

Zip

Country

34103

City & State

Naples, FL

Zip

Country

34103

4. FEI Number

65-0523214

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, MARK J

801 LAUREL OAK DRIVE, SUITE 710

NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

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.

(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

DOCUMENT #

L88996

NAME

GULF BAY DEVELOPMENT ADVOCATES, INC.

STREET ADDRESS

3470 CLUB CENTER BLVD

CITY-ST-ZIP

NAPLES FL 34114

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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****150.00 ****150.00

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:

Aubrey J. Ferrao

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/01

941-732-9400

Date

Daytime Phone #

CP2E003 (11/00)