

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000997**

1. Entity Name

GULF BAY HOSPITALITY, LTD.

Principal Place of Business

**4001 TAMiami TR. N. STE. 350
NAPLES FL 34103**

Mailing Address

**801 LAUREL OAK DR., SUITE 710
NAPLES FL 34108**

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

65-0757657

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



FILED

01 JUL 25 AM 8:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

6. Name and Address of Current Registered Agent

WOODWARD, MARK J

801 LAUREL OAK DR., STE. 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 **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.

\$50,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$24,750.00

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 # **P97000031083**
NAME **GULF BAY HOSPITALITY, 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

600004509826--0

-07/31/01--01068--002

******270.75 ****270.75**

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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

Aubrey J. Ferrao, Authorized Agent

SIGNATURE: **Aubrey J. Ferrao**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/25/01

941 732 9400

Date

Daytime Phone #

0010845 AF

CR2E003 (11/00)