

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # F22515
 1. Entity Name
PENINSULA IMPROVEMENT CORPORATION

Principal Place of Business
 2600 GOLDEN GATE PKWY, STE 200
 NAPLES FL 34105 US

Mailing Address
 P.O. BOX 413038
 NAPLES FL 34101 US

2. Principal Place of Business
 2600 GOLDEN GATE PKWY

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 NAPLES FL

City & State

Zip Country Zip Country
 34105 US 34101 US

4. FEI Number
59-2072898

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARINELLI PAUL J.
 2600 GOLDEN GATE PARKWAY
 STE. 200
 NAPLES FL 34105 US

7. Name and Address of New Registered Agent

Name
MARINELLI PAUL J.

Street Address (P.O. Box Number is Not Acceptable)
 2600 GOLDEN GATE PARKWAY

City State Zip Code
 NAPLES FL 34105

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 _____ **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MORTON MARK B | |
| STREET ADDRESS | 2600 GOLDEN GATE PKWY | |
| CITY-ST-ZIP | NAPLES FL 34105 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MARINELLI PAUL J | |
| STREET ADDRESS | 2600 GOLDEN GATE PARKWAY | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | BORDEN DAVID | |
| STREET ADDRESS | 2600 GOLDEN GATE PARKWAY | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COLLIER BARRON III | |
| STREET ADDRESS | 2600 GOLDEN GATE PARKWAY | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | BOAZ BRADLEY A. | |
| STREET ADDRESS | 2600 GOLDEN GATE PKWY | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | GABLE LAMAR | |
| STREET ADDRESS | 2600 GOLDEN GATE PARKWAY | |
| CITY-ST-ZIP | NAPLES FL | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORTON MARK B | |
| STREET ADDRESS | 2600 GOLDEN GATE PARKWAY | |
| CITY-ST-ZIP | NAPLES FL 34105 | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARINELLI PAUL J | |
| STREET ADDRESS | 2600 GOLDEN GATE PARKWAY | |
| CITY-ST-ZIP | NAPLES FL 34105 | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BORDEN DAVID K | |
| STREET ADDRESS | 2600 GOLDEN GATE PARKWAY | |
| CITY-ST-ZIP | NAPLES FL 34105 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLLIER BARRON III | |
| STREET ADDRESS | 2600 GOLDEN GATE PARKWAY | |
| CITY-ST-ZIP | NAPLES FL 34105 | |
| TITLE | ST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOAZ BRADLEY A. | |
| STREET ADDRESS | 2600 GOLDEN GATE PARKWAY | |
| CITY-ST-ZIP | NAPLES FL 34105 | |
| TITLE | CD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GABLE LAMAR | |
| STREET ADDRESS | 2600 GOLDEN GATE PARKWAY | |
| CITY-ST-ZIP | NAPLES FL 34105 | |

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL J. MARINELLI P **04/30/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)