

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K39201 (4)

1. Entity Name

GULF BAY DEVELOPMENT PROPERTIES, INC.

FILED

01 APR 30 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

3200 Tamiami Trail N.

3. Mailing Address

3200 Tamiami Trail N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

DO NOT WRITE IN THIS SPACE

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number 65-0077357

Applied For
Not Applicable

Zip 34103

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 N., Suite 200
Naples, FL 34103

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
NAME Ferrao, Aubrey J.
STREET ADDRESS 3470 Club Center Blvd.
CITY-ST-ZIP Naples, FL 34114

TITLE Change Addition
NAME **XXXXXXXXXXXXXXXXXXXX**
STREET ADDRESS **XXXXXXXXXXXXXXXXXXXX**
CITY-ST-ZIP **XXXXXXXXXXXXXXXXXXXX**
******158.75 ****158.75**

TITLE D Delete
NAME Woodward, Mark J.
STREET ADDRESS 3200 Tamiami Trail N, Ste. 200
CITY-ST-ZIP Naples, FL 34103

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 officers or directors.

SIGNATURE: Aubrey J Ferrao 04/25/01 941 732 9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)

SP