

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K39204 (8)

1. Entity Name

GULF BAY DEVELOPMENT SOUTHWEST, INC.

FILED

01 APR 30 PM 3:51

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 200

Suite, Apt. #, etc.

Suite 200

City & State

Naples, FL

City & State

Naples, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0077355

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

Zip

Country

Zip

Country

34013

34103

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
163254--4  
-05/08/01--01124--012  
\*\*\*\*158.75 \*\*\*\*158.75  
 Change  Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

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

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 reports 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 which I am empowered.

SIGNATURE: Aubrey J Ferrao

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/01

Date

941 732 9400

Daytime Phone #

CR2E034 (11/00)