

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K61543

1. Entity Name

SABAL BAY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90201 028 ***150.00

Principal Place of Business

Mailing Address

STE 400
3003 TAMiami TRAIL N.
NAPLES FL 34103
US

STE 400
3003 TAMiami TRAIL N.
NAPLES FL 34103-2714
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

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

FLORA, TERRY L.
3003 TAMIAMITRAIL N.
STE. 40
NAPLES FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)
3003 Tamiami Trail N.

Ste. 400

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, 2000 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 **D** ☐ Delete
NAME **COLLIER, MILES C.**
STREET ADDRESS **3003 TAMiami TRAIL NORTH**
CITY-ST-ZIP **NAPLES FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3003 Tamiami Trail N., Ste 400**
CITY-ST-ZIP **Naples, FL 34103**

TITLE **D** ☐ Delete
NAME **BIRR, JEFFREY M.**
STREET ADDRESS **3003 TAMiami TRAIL NORTH**
CITY-ST-ZIP **NAPLES FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3003 Tamiami Trail N., Ste 400**
CITY-ST-ZIP **Naples, FL 34103**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 like empowered.

SIGNATURE:

Jeffrey M. Birr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-261-4455
Daytime Phone #

CR2E034 (9/99)