

2001 UNIFORM BUSINESS REPORT (UBR)

0020470 AF

DOCUMENT # L99000005572

1. Entity Name
GULF COAST DEVELOPMENT GROUP, L.C.

FILED

01 MAY -3 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4255 GULF SHORE BOULEVARD NORTH, STE 1103 4255 GULF SHORE BOULEVARD NORTH, STE 1103
NAPLES FL 34103 NAPLES FL 34103

2. Principal Place of Business 3. Mailing Address
1025 COMMONS CIR. 1025 COMMONS CIR.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NAPLES, FL NAPLES, FL
Zip Country Zip Country
34119 USA 34119 USA

4. FEI Number 59-3596798 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MALAMPHY, GERALD
4255 GULF SHORE BOULEVARD NORTH, STE 1103
NAPLES FL 34103

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

50.00

9. MANAGING MEMBERS/MEMBERS
TITLE MGR
NAME SALCE, ANTHONY H JR.
STREET ADDRESS 4255 GULF SHORE BOULEVARD NORTH, STE 1103
CITY-ST-ZIP NAPLES FL 34103

10. ADDITIONS/CHANGES
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] 4/30/01 941-304-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)