

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006288

1. Entity Name

GULF COAST CONDOMINIUM INVESTMENT, L.L.C.

Principal Place of Business

Mailing Address

2054 TRADE CENTER WAY  
NAPLES FL

2054 TRADE CENTER WAY  
NAPLES FL

2. Principal Place of Business

5600 HARBORAGE DRIVE

3. Mailing Address

5600 HARBORAGE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS FL

City & State

FT. MYERS FL

Zip

33908

Country

LEE

Zip

33908

Country

LEE

6. Name and Address of Current Registered Agent

BYAL, TIMOTHY P  
2054 TRADE CENTER WAY  
NAPLES FL

7. Name and Address of New Registered Agent

Name BYAL, TIMOTHY P  
Street Address (P.O. Box Number is Not Acceptable)  
5600 HARBORAGE DRIVE  
City FT. MYERS FL 33908

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

6/28/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 26, 2001

700004480937--7

-07/17/01--01068--015

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME BYAL, TIMOTHY P  
STREET ADDRESS 2054 TRADE CENTER WAY  
CITY-ST-ZIP NAPLES FL

☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR  
NAME BYAL, TIMOTHY P  
STREET ADDRESS 5600 HARBORAGE DRIVE  
CITY-ST-ZIP FT. MYERS FL 33908

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/28/01 991 267-6008

Date Daytime Phone #

FILED  
01 JUL -9 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)

STAPLE CHECK HERE