

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 12 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000007732

1. Entity Name

GBLH PARCEL T-II, LLC

Principal Place of Business

4001 TAMiami TRAIL NORTH, SUITE 350
NAPLES FL 33940

Mailing Address

4001 TAMiami TRAIL NORTH, SUITE 350
NAPLES FL 34103-3555

2. Principal Place of Business

3470 Club Center Blvd.

Suite, Apt. #, etc.

3. Mailing Address

3470 Club Center Blvd.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

34114

Zip

Country

34114

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAGG, K. LAWRENCE

WHITE & CASE, LLP

200 S. BISCAYNE BLVD., SUITE 4900

MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Mark J. Woodward

Street Address (P.O. Box Number is Not Acceptable)
801 Laurel Oak Drive, Suite 710

City Naples

FL

Zip Code 34108

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

Mark J. Woodward

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/23/00

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

CITY - ST - ZIP

Manager
Aubrey J. Ferrao
3470 Club Center Boulevard
Naples, FL 34114-0816

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

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TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/23/00

Date

(941) 732-9400

Daytime Phone #

C-2 (03/97/01)