

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State
 05-12-2001 90009 006 ***158.75

DOCUMENT # M98980

1. Entity Name

GULF BAY LAND HOLDINGS, INC.

Principal Place of Business

Mailing Address

C/O WOODWARD, PIRES & LOMBARDO P.A.
 801 LAUREL OAK DRIVE, SUITE 710
 NAPLES FL 34108
 US

C/O WOODWARD, PIRES & LOMBARDO P.A.
 801 LAUREL OAK DRIVE, SUITE 710
 NAPLES FL 34108
 US



DO NOT WRITE IN THIS SPACE

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

4. FEI Number

65-0072735

Applied For

Not Applicable

Zip

Country

34103

Zip

Country

34103

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, MARK J.
801 LAUREL OAK DRIVE
SUITE 710
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3200 Tamiami Trail N., Suite 200

City

Naples

FL

Zip Code

34103

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

TITLE **PD** ☐ Delete
 NAME **FERRAO, AUBREY J.**
 STREET ADDRESS **3470 CLUB CENTER DRIVE**
 CITY-ST-ZIP **NAPLES FL 34114**

TITLE **D** ☐ Delete
 NAME **WOODWARD, MARK J.**
 STREET ADDRESS **801 LAUREL OAK DRIVE #710**
 CITY-ST-ZIP **NAPLES FL**

TITLE **DV** ☐ Delete
 NAME **DINARDO, ANTHONY**
 STREET ADDRESS **3470 CLUB CENTER BLVD**
 CITY-ST-ZIP **NAPLES FL 34114**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PS** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3200 Tamiami Trail N., Suite 200**
 CITY-ST-ZIP **Naples, FL 34103**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 the powers.

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 (10/00)