

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90085 042 \*\*\*150.00

**DOCUMENT # P01000018790**

1. Entity Name

**GULF COAST GROUP REALTY, INC.**

Principal Place of Business

**800 SEAGATE DRIVE  
UNIT 203  
NAPLES FL 34103**

Mailing Address

**800 SEAGATE DRIVE  
UNIT 203  
NAPLES FL 34103**

2. Principal Place of Business

**3521 Bonita Bay Blvd.**  
Suite, Apt. #, etc.

3. Mailing Address

**3521 Bonita Bay Blvd.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

**Bonita Springs, FL**

City &amp; State

**Bonita Springs, FL**

4. FEI Number

**59-3722799**

Applied For

Not Applicable

Zip

**34134**

Country

**USA**

Zip

**34134**

Country

**USA**5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****FILINGS, INC.****3732 N.W. 16TH STREET****FT. LAUDERDALE FL 33311-4132****7. Name and Address of New Registered Agent**

Name

**Kenneth J. O'Leary**

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

**3521 Bonita Bay Blvd.**

City

**Bonita Springs****FL**

Zip Code

**34134**

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

**Kenneth J. O'Leary 1-24-02**

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, 2002 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 **D** ☐ Delete  
NAME **OLEARY, KENNETH**  
STREET ADDRESS **800 SEAGATE DRIVE UNIT 203**  
CITY-ST-ZIP **NAPLES FL 34103**TITLE **D** ☐ Delete  
NAME **BAHMS, MICHAEL**  
STREET ADDRESS **800 SEAGATE DRIVE UNIT 203**  
CITY-ST-ZIP **NAPLES FL 34103**TITLE **D** ☒ Delete  
NAME **TRICKER, DAVID**  
STREET ADDRESS **200 ISTA LANE**  
CITY-ST-ZIP **NAPLES FL 34119**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **V** ☒ Change ☐ Addition  
NAME **Kenneth J. O'Leary**  
STREET ADDRESS **3521 Bonita Bay Blvd.**  
CITY-ST-ZIP **Bonita Springs, FL 34134**TITLE **S/T** ☒ Change ☐ Addition  
NAME **Michael Bahms**  
STREET ADDRESS **3521 Bonita Bay Blvd.**  
CITY-ST-ZIP **Bonita Springs, FL 34134**TITLE **P** ☐ Change ☒ Addition  
NAME **Christopher E. Booth**  
STREET ADDRESS **3521 Bonita Bay Blvd.**  
CITY-ST-ZIP **Bonita Springs, FL 34134**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 an other line empowered.

**SIGNATURE:**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Christopher E. Booth 01-24-02 (941) 948-0014**

Date

Daytime Phone #

CR2E034 (9/01)