

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90009 010 ***158.75

DOCUMENT # P93000084791

1. Entity Name
GULF BAY ENTERTAINMENT, INC.

Principal Place of Business 801 LAUREL OAK DRIVE #710 NAPLES FL 34108 US	Mailing Address 801 LAUREL OAK DRIVE #710 NAPLES FL 33963 US
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A U U b 4 4 4 !



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3200 Tamiami Trail N. Suite, Apt. #, etc. Suite 200	3. Mailing Address 3200 Tamiami Trail N. Suite, Apt. #, etc. Suite 200
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City & State Naples, FL	City & State Naples, FL
Zip 34103	Zip 34103
Country	Country

4. FEI Number 65-0476461	Applied For <input type="checkbox"/> Not Applicable
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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
 #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 _____ (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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODWARD, MARK J 801 LAUREL OAK DRIVE #710 NAPLES FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRAO, VASCO 3470 CLUB CENTER BLVD NAPLES FL 34114	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRAO, TERESA 3470 CLUB CENTER BLVD NAPLES FL 34114	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 3200 Tamiami Trail N., Suite 200 Naples, FL 34103	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 other like empowered.

SIGNATURE: [Signature] Date: 2/27/01 Daytime Phone #: (941) 366-3931

CR2E034 (10/00)