

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91161 008 \*\*\*150.00

**DOCUMENT #**

P94000010278

1. Entity Name

**JOHNSON BAY DEVELOPMENT CORPORATION**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**365 Fifth Avenue South**

3. Mailing Address **c/o David Nassif Co.**

**195 Worcester Street**

Suite, Apt. #, etc.

**Suite 201**

Suite, Apt. #, etc.

**Suite 301**

City & State  
**Naples, FL**

City & State  
**Wellesley Hills, MA**

4. FEI Number

**65-0472602**

Applied For

Not Applicable

Zip  
**34102**

Country  
**USA**

Zip  
**02481**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**Antaramian, Jack J.**

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

**365 Fifth Avenue South, Suite 201**

City  
**Naples**

FL

Zip Code  
**34102**

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IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDT  
Antaramian, Jack J.  
365 Fifth Avenue South, Suite 201  
Naples, FL 34102**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
Nassif, David E.  
195 Worcester Street, Suite 301  
Wellesley Hills, MA 02481**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
Thomas, Charles  
365 Fifth Avenue South, Suite 201  
Naples, FL 34102**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*David E. Nassif*

4-25-02

781-431-1030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David E. Nassif

CR2E034B (12/01)