## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

## Mar 25, 2002 8:00 am Secretary of State P94000078984 DOCUMENT # 1. Entity Name 03-25-2002 90187 024 \*\*\*150.00 THE BAHAMA BAY CLUB OF MARCO ISLAND, INC. Mailing Address Principal Place of Business 6838 LANTANA BRIDGE ROAD 6838 LANTANA BRIDGE ROAD **SUITE 103** SUITE 103 NAPLES FL 34109 NAPLES FL 34109 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0698934 Not Applicable Country Zip Country \$8,75 Additional Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **GRIES, ROBERT** Street Address (P.O. Box Number is Not Acceptable) 6838 LANTANA BRIDGE ROAD SUITE 103 NAPLES FL 34109 Zip Code City FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition .... Delete TITLE TITLE GRIES, ROBERT NAME NAME 6838 LANTANA BRIDGE RD, SUITE 103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CITY-ST-ZIP ☐ Addition Change VSD ☐ Delete TITLE TITLE GRIES, NADINE NAME NAME 6838 LANTANA BRIDGE RD, SUITE 103 STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE D TITLE GRIES, HEIKO NAME NAME 6838 LANTANA BRIDGE RD, SUITE 103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

3/11/00

**FILED**