2000 UNIFORM BUSINESS REPORT (UBR)

13. I hereby certify that the information supplied with

changed, or on an attachment with

FILED DOCUMENT # P95000059672 Mar 14, 2000 8:00 am 1. Entity Name **Secretary of State** G.C. DEVELOPERS OF NAPLES, INC. 03-14-2000 90008 031 ***150.00 Principal Place of Business Mailing Address 3838 TAMIAMI TR N 3838 TAMIAMI TRAIL N NAPLES FL 34108-8903 NAPLES FL 34103 US 3. Mailing Address 2. Principal Place of Business 100 PINE RIDGE ROAD IDGE ROAD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0600386 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CONROY, J T Street Address (P.O. Box Number is Not Acceptable) 3838 TAMIAMI TR N 402 NAPLES FL 34103 Zip Code 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. SIGNATURE 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPVS **DPVS** M Change Addition ☐ Delete TITLE TITLE KESSOUS, MICHAEL 1100 PINE RIDGE ROAD KESSOUS, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 3838 TAMIAMI TR N STE 410 NAPLES, FL 34108-8903 CITY-ST-ZIP NAPLES FL CITY-ST-7IP ■ Addition ☐ Delete TITLE TITLE KESSOUS, MICHAEL KESSOUS, MICHAEL NAME 1100 PINE RIDGE ROAD STREET ADDRESS STREET ADDRESS 3838 TAMIAMI TR N STE 410 NAPLES, FL 34108-8903 CITY-ST-ZIP CITY-ST-7IP NAPLES FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

ar like empowered