

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072741

1. Entity Name

GULF BAY 200, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90033 043 \*\*\*150.00

Principal Place of Business

Mailing Address

710  
801 LAUREL OAK DRIVE  
NAPLES FL 34108  
US

710  
801 LAUREL OAK DRIVE  
NAPLES FL 34108-2707  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0699757

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODWARD, MARK J  
710  
801 LAUREL OAK DRIVE  
NAPLES FL 34108

Name

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

City

**FL**

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **FERRAO, AUBREY J**  
STREET ADDRESS **4001 TAMiami TRAIL NORTH #350**  
CITY-ST-ZIP **NAPLES FL 34103**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **3470 Club Center Blvd.**  
CITY-ST-ZIP **Naples, FL 34114**

TITLE **D** ☐ Delete  
NAME **WOODWARD, MARK J**  
STREET ADDRESS **801 LAUREL OAK DR STE 710**  
CITY-ST-ZIP **NAPLES FL 34108**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **PIRES, ANTHONY P JR**  
STREET ADDRESS **801 LAUREL OAK DR STE 710**  
CITY-ST-ZIP **NAPLES FL 34108**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
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CITY-ST-ZIP

TITLE ☐ Delete  
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☐ Change ☐ Addition  
TITLE  
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/23/00 (941) 732-9400

CR2E034 (9/99)