

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2000 90033 041 \*\*\*150.00

**DOCUMENT # P97000018013**

1. Entity Name  
**GULF BAY 400, INC.**

Principal Place of Business <b>801 LAUREL OAK DR STE 710          NAPLES FL 34108          US</b>		Mailing Address <b>801 LAUREL OAK STE 710          NAPLES FL 34108-2707          US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3434406</b>				Applied For
				Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>		
<b>WOODWARD, MARK J</b> <b>801 LAUREL OAK DR STE 710</b> <b>NAPLES FL 34108</b>		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 \_\_\_\_\_ (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	<b>D</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODWARD, MARK J</b>	NAME	
STREET ADDRESS	<b>801 LAUREL OAK DR STE 710</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	CITY-ST-ZIP	
TITLE	<b>D</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIRES, ANTHONY P JR.</b>	NAME	
STREET ADDRESS	<b>801 LAUREL OAK DR STE 710</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	CITY-ST-ZIP	
TITLE	<b>D</b>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERRAO, AUBREY J JR.</b>	NAME	
STREET ADDRESS	<b>4001 TAMIAMI TRAIL NORTH STE 350</b>	STREET ADDRESS	<b>3470 Club Center Blvd.</b>
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	CITY-ST-ZIP	<b>Naples, FL 34114</b>
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **3/22/00** **(941) 732-9400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)