## 2001 UNIFORM BUSINESS REPORT (UBR)

## Secretary of State DOCUMENT # **P97000031083** 1. Entity Name 06-04-2001 90002 039 \*\*\*158.75 GULF BAY HOSPITALITY, INC. Principal Place of Business Mailing Address 801 LAUREL OAK DR 801 LAUREL OAK DR #710 #710 NAPLES FL 34108 NAPLES FL 34108 U\$ U\$ 2. Principal Place of Business 3200 Tamiami Trail N. 3. Mailing Address 3200 Tamiami Trail N. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 200 Suite 200 City & State City & State Applied For 4. FEI Number 59-3449713 Not Applicable Naples, <u>Naples</u> Country Country \$8.75 Additional ( Zip 5. Certificate of Status Desired 34103 34103 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODWARD, MARK J Street Address (P.O. Box Number is Not Acceptable) 801 LAUREL OAK DR 3200 Tamiami Trail N., **#710** NAPLES FL 34108 City Zip Code Naples 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 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 12 11. ☐ Addition ☐ Delete TITLE NAME NAME DINARDO, ANTHONY STREET ADDRESS STREET ADDRESS 3470 CLUB CENTER BLVD CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34114 Addition □ Change ☐ Delete TITL F TITLE NAME WOODWARD, MARK J 3200 Tamiami Trail N., Suite 200 STREET ADDRESS STREET ADORESS 801 LAUREL OAK DRIVE #710 Naples, FL 34103 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 the original or on an attachment with a residence.

SIGNATURE:

SIGNATURE AND TYPETOR PRINTED NAME OF SIGNING OFFICER O I DIRECTO

4/26/01

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Jun 04, 2001 8:00 am