2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2002 8:00 am Secretary of State DOCUMENT# P97000031083 1. Entity Name GULF BAY HOSPITALITY, INC. 05-14-2002 90287 024 ***158.75 Principal Place of Business Mailing Address 3200 TAMIAMI TRAIL N. 3200 TAMIAMI TRAIL N. SUITE 200 SUITE 200 NAPLES FL 34103 NAPLES FL 34103 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3449713 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) 3200 TAMIAMI TRAIL N., SUITE 200 NAPLES FL 34103 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition DINARDO, ANTHONY NAME NAME STREET ADDRESS 3470 CLUB CENTER BLVD STREET ADDRESS CITY-ST-7IP NAPLES FL 34114 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WOODWARD, MARK J STREET ADDRESS 3200 TAMIAMI TRAIL N., SUITE 200 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP ☐ Delete TITLE Addition Change NAME NAME Parisi, Joseph Livio STREET ADDRESS STREET ADDRESS 3470 Club Center Blvd. CITY-ST-ZIE CITY-ST-ZIP <u>Naples, FL 34114</u> TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME

13. Thereby 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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR P