

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067245

1. Entity Name  
**BDG AVILA AT GREY OAKS, INC.**

FILED  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90091 020 \*\*\*150.00

Principal Place of Business 2154 TRADE CENTER WAY SUITE 3 NAPLES FL 34109	Mailing Address 2154 TRADE CENTER WAY SUITE 3 NAPLES FL 34109
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2. Principal Place of Business <b>c/o Landmark Development Group</b>	3. Mailing Address <b>c/o Landmark Development Group</b>
Suite, Apt. #, etc. <b>5668 Strand Court, #108</b>	Suite, Apt. #, etc. <b>5668 Strand Court, #108</b>
City & State <b>Naples, FL</b>	City & State <b>Naples, FL</b>
Zip <b>34110</b>	Zip <b>34110</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>59-3467484</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CLASP, INC. CUMMINGS &amp; LOCKWOOD 3001 TAMiami TR N. 4 FLR NAPLES FL 34103</b>	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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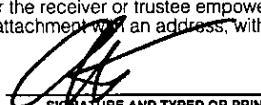
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b> NAME <b>SHAFRAN, ARTHUR</b> STREET ADDRESS <b>5100 TAMiami TRAIL N, STE 158</b> CITY-ST-ZIP <b>NAPLES FL 34103</b>	<input type="checkbox"/> Delete	TITLE <b>D, P</b> NAME <b>Arthur A. Shafran</b> STREET ADDRESS <b>5668 Strand Court, #108</b> CITY-ST-ZIP <b>Naples, FL 34110</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>D, V, S</b> NAME <b>James E. Pierce</b> STREET ADDRESS <b>5668 Strand Court, #108</b> CITY-ST-ZIP <b>Naples, FL 34110</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>V, T, Assistant Secretary</b> NAME <b>David Crowley</b> STREET ADDRESS <b>5668 Strand Court, #108</b> CITY-ST-ZIP <b>Naples, FL 34110</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Arthur A. Shafran, President

941-597-8400

Date

Daytime Phone #

CR2E034 (10/00)