

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068040

1. Entity Name
BAY MARINA PROPERTY, INC.

Principal Place of Business
**4001 TAMiami TrL. N., STE. 300
NAPLES FL 34105**

Mailing Address
**4001 TAMiami TrL. N., STE. 300
NAPLES FL 34105**

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 **23-2917370**

Applied For

Not Applicable

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

**GOODLETTE, J. DUDLY E
GOODLETTE, COLEMAN & JOHNSON, P.A.
4001 TAMiami TRAIL NORTH, SUITE 300
NAPLES FL 34103**

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, 2001 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 NAME ☐ Delete
D MCKOWN, DAVID
STREET ADDRESS **718 BIGELOWCORP CENTER**
CITY-ST-ZIP **PITTSBURGH PA 15219-3028**

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

TITLE NAME ☐ Delete
D MCGROGAN, DANIEL
STREET ADDRESS **SUITE 718, BIGELOW CORP. CENTER**
CITY-ST-ZIP **PITTSBURGH PA 15219**

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

TITLE NAME ☐ Delete
D FINEGOLD, ALAN H.
STREET ADDRESS **6 PPG PLACE**
CITY-ST-ZIP **PITTSBURGH PA 15222**

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

TITLE NAME ☐ Delete
AS JOHNSON, KENNETH R
STREET ADDRESS **4001 TAMiami TRAIL NORTH #300**
CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 #

CR2E034 (10/00)

05-40239

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91349 048 ***150.00