## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P97000095705

Entity Name: BAY LANDING I, INC.

FILED Apr 17, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2600 GOLDEN GATE PKWY NAPLES, FL 34105 **Current Mailing Address: New Mailing Address:** PO BOX 413038 2600 GOLDEN GATE PKWY NAPLES, FL 34101 US NAPLES, FL 34105 US FEI Number: 59-3477282 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARINELLI, PAUL J 2600 GOLDEN GATE PKWY NAPLES, FL 34105 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MARINELLI, PAUL J Name: Name: 2600 GOLDEN GATE PKWY Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: Title: Title: () Delete () Change () Addition BORDEN, DAVID K Name: Name: 2600 GOLDEN GATE PKWY Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: ( ) Delete Title: Title: () Change () Addition BOAZ, BRADLEY A Name: Name: 2600 GOLDEN GATE PKWY Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: ( ) Delete Title: Title: () Change () Addition SPROUL, JULIÉT C Name: Name: Address: 2600 GOLDEN GATE PKWY Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: Title: CD Title: () Delete () Change () Addition GABLE, LAMAR Name: Name: 2600 GOLDEN GATE PKWY Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: Title: ( ) Delete Title: () Change () Addition COLLIER, BARRON III Name: Name: 2600 GOLDEN GATE PKWY Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL J MARINELLI P 04/17/2003