

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90001 048 ***550.00

0086450 AV

DOCUMENT # P97000108415

1. Entity Name

BBC COLONY VILLAS, INC.

Principal Place of Business

**2054 TRADE CENTER WAY
 NAPLES FL 34109**

Mailing Address

**2054 TRADE CENTER WAY
 NAPLES FL 34109**

B0060703



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5600 Harborage Drive

Suite, Apt. #, etc.

3. Mailing Address

5600 Harborage Drive

Suite, Apt. #, etc.

City & State

Ft. Myers FL

City & State

Ft. Myers FL

Zip **33908**

Country **USA**

Zip **33908**

Country **USA**

4. FEI Number

59-3492195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARLICK, THOMAS B

**8889 PELICAN BAY BOULEVARD, STE. 300
 NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

TIMOTHY P. BYAL

Street Address (P.O. Box Number is Not Acceptable)

5600 Harborage Drive

City

Ft. Myers

FL

Zip Code

33908

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

7/8/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **D** ☐ Delete
 NAME **BYAL, TIMOTHY P**
 STREET ADDRESS **2054 TRADE CENTER WAY**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE **D** ☐ Delete
 NAME **CERVIERI, JOHN A JR**
 STREET ADDRESS **580 OCEAN ROAD**
 CITY-ST-ZIP **NARRAGANSETT RI 02882**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **BYAL, TIMOTHY P.**
 STREET ADDRESS **5600 Harborage Drive**
 CITY-ST-ZIP **Ft. Myers FL 33908**

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/08/01 941 267-6808

Date

Daytime Phone #

CR2E034 (5/01)