

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90009 017 ***158.75

DOCUMENT # P98000023562

1. Entity Name

GULF BAY ADVERTISING AGENCY, INC.

Principal Place of Business

3470 CLUB CENTER BLVD.
NAPLES FL 34114

Mailing Address

3470 CLUB CENTER BLVD.
NAPLES FL 34114

2. Principal Place of Business

3200 Tamiami Trail N.

3. Mailing Address

3200 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Naples, FL

City & State

Naples, FL

Zip

Country

34103

Zip

Country

34103

6. Name and Address of Current Registered Agent

WOODWARD, MARK J
801 LAUREL OAK DR., SUITE 710
NAPLES FL 34018

7. Name and Address of New Registered Agent

Name

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

3200 Tamiami Trail N., Suite 200

City Naples

FL

Zip Code 34103

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DINARDO, ANTHONY
CITY-ST-ZIP 3470 CLUB CENTER BLVD
NAPLES FL 34114

TITLE ☐ Delete
NAME D
STREET ADDRESS PARISI, JOSEPH L
CITY-ST-ZIP 3470 CLUB CENTER BLVD
NAPLES FL 34103

TITLE ☐ Delete
NAME D
STREET ADDRESS WOODARD, MARK J
CITY-ST-ZIP 801 LAUREL OAK DR., SUITE 710
NAPLES FL 34108

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3200 Tamiami Trail N., Ste. 200
CITY-ST-ZIP Naples, FL 34103

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)