

2000 UNIFORM BUSINESS REPORT (CER)

FILED
Jul 13, 2000 8:00 am
Secretary of State

05-16-2000 90137 047 ****61.25

DOCUMENT # 758691

1. Entity Name

SABAL PALM EXTENSION ASSOCIATION, INC. *R*

Principal Place of Business

Mailing Address

**3255 N TAMiami TRAIL
 NAPLES FL 33940
 US**

**3255 N TAMiami TRAIL
 NAPLES FL 34103-4106
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2107545**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~TOWNSEND, JOSEPH E
 3255 N TAMiami TRAIL
 NAPLES FL 33940~~

NEW agent →

Name **Jeffery G. Walls**

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

45 Esther St

City **Naples**

FL

Zip Code **34104**

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

[Handwritten Signature]

2/8/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** Delete
 NAME **TOWNSEND, JOSEPH E**
 STREET ADDRESS **3255 N TAMiami TR**
 CITY-ST-ZIP **NAPLES FL 33940**

TITLE **PD** Change Addition
 NAME **BAEZ, Emilio**
 STREET ADDRESS **315 15th St SW**
 CITY-ST-ZIP **Naples, FL 34100**

TITLE **PD** Delete
 NAME **BAEZ, EMILIO**
 STREET ADDRESS **315 15TH ST SW**
 CITY-ST-ZIP **NAPLES FL ~~34100~~ 34120**

TITLE **ST** Change Addition
 NAME **Walls, Jeffery G.**
 STREET ADDRESS **45 Esther St.**
 CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **D** Delete
 NAME **KEYES, PHILIP**
 STREET ADDRESS **3255 N. TAMiami TR**
 CITY-ST-ZIP **NAPLES FL 33940**

TITLE **Lup** Change Addition
 NAME **Lupi, Mobera**
 STREET ADDRESS **3545 23RD AV SW**
 CITY-ST-ZIP **NAPLES FL 34117**

TITLE **D** Delete
 NAME **GALBUT, HOWARD**
 STREET ADDRESS **3255 N. TAMiami TR.**
 CITY-ST-ZIP **NAPLES FL 33940**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

2/8/00

941-436-6600

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (9/99)