

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704354

1. Entity Name

THE HOME BUILDERS ASSOCIATION OF SARASOTA, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90085 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5590 BEE RIDGE RD  
STE. A-1  
SARASOTA FL 34233

5590 BEE RIDGE RD  
STE. A-1  
SARASOTA FL 34233-1505

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1001688

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WALWIK, WILLIAM  
5590 BEE RIDGE RD  
STE. A-1  
SARASOTA FL 34233

Name

Stenski, Jerry

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

5590 Bee Ridge Rd, A-1

City

SARASOTA

FL

Zip Code

34233

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]*

JERRY W STENSKI E.V.P.

E.V.P.

4/17/00

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 PD  
NAME PAULMAN, JAMES  
STREET ADDRESS 5590 BEE RIDGE RD A-1  
CITY-ST-ZIP SARASOTA FL 34233

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD  
NAME GILMORE, THOMAS A  
STREET ADDRESS 5590 BEE RIDGE RD, A-1  
CITY-ST-ZIP SARASOTA FL 34233

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME ESLINGER, JEFF  
STREET ADDRESS 5590 BEE RIDGE RD, A-1  
CITY-ST-ZIP SARASOTA FL 34233

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME BRAGE, TED  
STREET ADDRESS 5590 BEE RIDGE RD, A-1  
CITY-ST-ZIP SARASOTA FL 34233

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DEVP  
NAME WALWIK, WILLIAM  
STREET ADDRESS 5590 BEE RIDGE RD A-1  
CITY-ST-ZIP SARASOTA FL 34233

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*[Signature]*  
JERRY W. STENSKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)