

# 2000 UNIFORM BUSINESS REPORT (CER)

DOCUMENT # 758691

1. Entity Name

SABAL PALM EXTENSION ASSOCIATION, INC. *R*

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

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/8/00*

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

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

TITLE PD  
NAME BAEZ, EMILIO  
STREET ADDRESS 315 15TH ST SW  
CITY-ST-ZIP NAPLES FL 34107 34120 ☐ Delete

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

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

TITLE Lupi Morera VPD  
NAME 3545 23RD AV SW  
STREET ADDRESS NAPLES FL 34117 ☐ Change ☒ Addition

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

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 and typed or printed name of signing officer or director

*2/8/00*

Date

Daytime Phone #

*941-436-6600*

CR2037 (9/99)