

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97027

1. Entity Name

SUNWEST HOMES, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90201 009 ***150.00

Principal Place of Business

Mailing Address

~~7561 CORDOBA CIR~~

NAPLES FL 34101

US

~~PO BOX 8412~~

NAPLES FL 34101-8412

US

2. Principal Place of Business

5855 CHARLTON WAY

3. Mailing Address

P.O. Box 110175

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34119

Country

USA

Zip

34108

Country

USA

4. FEI Number

65-0221194

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

PAYNE, JOHN W.

~~7561 CORDOBA CIRCLE~~

NAPLES FL 33942

Name

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

5855 CHARLTON WAY

City

Naples

FL

Zip Code

34119

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS PAYNE, JOHN W.
CITY-ST-ZIP ~~7561 CORDOBA CIRCLE~~
NAPLES FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5855 CHARLTON WAY
CITY-ST-ZIP 34119

TITLE ☐ Delete
NAME D
STREET ADDRESS SCHEINHOLZ, ARTHUR
CITY-ST-ZIP ~~7822 COCO BAY CT~~
NAPLES FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5051 CASTELLO DR, Ste #224
CITY-ST-ZIP 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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 (9/99)