

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45294

1. Entity Name

CASTELLO PROFESSIONAL CENTER, INC.

Principal Place of Business

Mailing Address

1044 CASTELLO DRIVE
NAPLES FL 34103
US

1044 CASTELLO DRIVE
SUITE 206
NAPLES FL 34103-1900
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

65-0296910

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

SOUTHWEST PROPERTY MANAGEMENT CORP
1044 CASTELLO DRIVE
SUITE 206
NAPLES FL 34103

Name

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

City

FL

Zip Code

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP
TD	BECKWITH JR., C. GORHAM	1044 CASTELLO DR #211	NAPLES FL 34103
D	ALDREDGE, NOREEN	1044 CASTELLO DR 213	NAPLES FL
VD	COUCH, DECK	1044 CASTELLO DR #201	NAPLES FL
S	WILLIAMS, STEPHEN E.	1044 CASTELLO DR #206	NAPLES FL
D	LINTZENICH, DONALD	1044 CASTELLO DRIVE #109	NAPLES FL
PD	LOGRIPPO, PHILIP	1044 CASTELLO DR #110	NAPLES FL

	Delete
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<input type="checkbox"/>	Delete
<input type="checkbox"/>	Delete
<input type="checkbox"/>	Delete
<input type="checkbox"/>	Delete
<input type="checkbox"/>	Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
PD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
SD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
TD				<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

STEPHEN E. WILLIAMS

3/9/00

941-261-3440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)