

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004893

1. Entity Name

CUSTOM HOMES OF SOUTHWEST FLORIDA, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90905 047 \*\*\*150.00

Principal Place of Business

5121 CASTELLO DRIVE  
SUITE TWO  
NAPLES FL 34103

Mailing Address

5121 CASTELLO DRIVE  
SUITE TWO  
NAPLES FL 34103-1902

2. Principal Place of Business

5121 Castello Dr  
Suite 2

3. Mailing Address

5121 Castello Dr  
Suite 2

City & State

Naples, FL

City & State

Naples, FL

Zip

34103

Country

USA

Zip

34103

Country

USA

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARLISLE, GREG  
5121 CASTELLO DRIVE  
SUITE TWO  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name: JOHN P. WHITE  
Street Address (P.O. Box Number is Not Acceptable): PARRIST, WHITE, LAWSON + MOORE, P.A.  
5121 CASTELLO DRIVE, SUITE 2  
City: NAPLES FL Zip Code: 34103

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)

4-28-00  
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

TITLE: D  
NAME: CARLISLE, GREG  
STREET ADDRESS: 5121 CASTELLO DRIVE, SUITE TWO  
CITY-ST-ZIP: NAPLES FL 34103 ☐ Delete

TITLE: D  
NAME: WALSH, GARY  
STREET ADDRESS: 5121 CASTELLO DRIVE, SUITE TWO  
CITY-ST-ZIP: NAPLES FL 34103 ☒ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Delete  
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STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

4/28  
Date

941-269-8800  
Daytime Phone #

CR2E034 (9/99)