

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079742

1. Entity Name
VILLAGE WALK PARTNERS, INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90023 046 ***150.00

Principal Place of Business
3150 VILLAGE WALK CIRCLE, STE. 100
NAPLES FL 34109

Mailing Address
3150 VILLAGE WALK CIRCLE, STE. 100
NAPLES FL 34109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
4248 Montalvo Court

Suite, Apt. #, etc.
4248 Montalvo Court

City & State
Naples FL

City & State
Naples, FL

Zip
34109

Country
USA

Zip
34109

Country
USA

4. FEI Number 65-0950313

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

PITKIN, JERALD R ESQ.
4947 TAMiami TRAIL NORTH, STE. 202
NAPLES FL 34103

Name

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

801 Anchor Road Drive #203

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)

1-26-01

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
OPPENHEIM, BARBARA J
3150 VILLAGE WALK CIRCLE, STE. 100
NAPLES FL 34109 ☐ Delete

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

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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: Barbara J. Oppenheim Barbara Oppenheim 1/26/01 941-514-5106
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CS97437

CR2E034 (10/00)