

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

*Amended*  
P99 000101746

1. Entity Name

*Gulf Walk Communities, Inc.*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL -6 PM 12:06

Principal Place of Business

Mailing Address

8235 Wilshire Lakes Blvd.  
Naples, FL 34109

2. Principal Place of Business

3. Mailing Address

8235 Wilshire Lakes Blvd.  
Suite, Apt. #, etc.

*Same*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Not Applicable

*Naples, FL*  
Zip  
*34109*

Country  
*Collier*

Zip

Country

*59-3651139*

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

*Carol Sabatino*  
*9624-102 Crescent Lake Dr.*  
*Naples, FL 34109*

Name *Sherry L. Castaño*

Street Address (P.O. Box Number is Not Acceptable)  
*8235 Wilshire Lakes Blvd.*

*300003327293-8*

City *Naples*

*-07/19/00* **FL** *102134109*

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.

*Sherry L. Castaño* **Sherry L. Castaño** *President*

DATE

*6/14/00*

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>Carol Sabatino President</i> <input checked="" type="checkbox"/> Delete <i>9624-102 Crescent Lake Dr.</i> <i>Naples, FL 34109</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sherry L. Castaño - President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>8235 Wilshire Lakes Blvd.</i> <i>Naples, FL 34109</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

*Sherry L. Castaño* **Sherry L. Castaño**

Date

Daytime Phone #

*6/14/00*

*941-594-0604*

CRZE034 (9/99)