

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90101 012 \*\*\*\*61.25

**DOCUMENT # 753965**

1. Entity Name

CAPE CORAL R/SEA HAWKS, INC.

Principal Place of Business

Mailing Address

1827 SE 5TH AVE.  
 CAPE CORAL FL 33990  
 US

1827 SE 5TH AVE.  
 CAPE CORAL FL 33990-2204  
 US

2. Principal Place of Business

3. Mailing Address

960 WINSORE RD.

9600

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NORTH FT. MYERS, FL

City & State

NORTH FT MYERS, FL

4. FEI Number

59-2629260

Applied For  
 Not Applicable

Zip

33903

Country

US

Zip

33903

Country

US

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

JACOBS, SCOTT  
 1827 SE 5TH AVE.  
 CAPE CORAL FL 33990

Name JAY K. GALYON  
 Street Address (P.O. Box Number is Not Acceptable)

960 WINSOME RD.

City NORTH FT. MYERS FL Zip Code 33903

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 JAY K. GALYON  
 Signature, typed or printed name of registered agent and title if applicable

*Jay K. Galyon*  
 (NOTE: Registered Agent signature required when reinstating)

3-7-2000  
 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 PD  
 NAME SOWA, ROSEMARY  Delete  
 STREET ADDRESS 4928 SEVILLE COURT  
 CITY-ST-ZIP CAPE CORAL FL 33904

TITLE PD. BILL HOEFER  Change  Addition  
 NAME  
 STREET ADDRESS 5251 SELBY DR.  
 CITY-ST-ZIP FT. MYERS, FL 33919

TITLE VD  
 NAME AGNEW, JOHN DR  Delete  
 STREET ADDRESS 5095 NORTHAMPTON DRIVE  
 CITY-ST-ZIP FORT MYERS FL 33919

TITLE VD. MITCH COORTE  Change  Addition  
 NAME  
 STREET ADDRESS 15050 LAKESIDE VIEW DR.  
 CITY-ST-ZIP FT. MYERS, FL 33919

TITLE TD  
 NAME MARSHALL, LARRY  Delete  
 STREET ADDRESS 16500 SLATER RD  
 CITY-ST-ZIP FT. MYERS FL 33917

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

TITLE SD  
 NAME JACOBS, SCOTT  Delete  
 STREET ADDRESS 1827 SE 5TH AVE.  
 CITY-ST-ZIP CAPE CORAL FL 33990

TITLE SD. JAY K. GALYON  Change  Addition  
 NAME  
 STREET ADDRESS 960 WINSOME RD.  
 CITY-ST-ZIP N. FT. MYERS, FL 33903

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

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: *STANTON GALYON*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-2000 941-9369595  
 Date Daytime Phone #

CR2E037 (9/99)