

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 764615  
**1. Entity Name**  
 CAPTAIN'S HOUSE CONDOMINIUM ASSOCIATION, INC

**FILED**  
 00 JUN 29 AM 11:04  
 SECRETARY OF STATE,  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**      **Mailing Address**  
 2215 E STATE RD 200      P O BOX 1987  
 YULEE, FL 32097      Yulee, FL 32097

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

**4. FEI Number**      **Applied For**  
 59-2362963       Not Applicable

**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 TERRELL J POWELL  
 2215 E STATE RD 200  
 YULEE, FL 32097

**7. Name and Address of New Registered Agent**  
 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** *Terrell J. Powell*      **DATE** 5-2-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	PATRICK CARROLL	
STREET ADDRESS	W7698 TURTLE LAKE ROAD	
CITY-ST-ZIP	DELEVAN WI 53115	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	WENDY NIEHAUS	
STREET ADDRESS	7225 LAKEHILL	
CITY-ST-ZIP	CINCINNATI OH 45230	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	PATRICIA CARROLL	
STREET ADDRESS	W7698 TURTLE LAKE ROAD	
CITY-ST-ZIP	DELEVAN WI 53115	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	JUDY PECK	
STREET ADDRESS	2135 EASTERN AVENUE	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	MERV JOHNS	
STREET ADDRESS	445 PARLIAMENT	
CITY-ST-ZIP	MARTINEZ GA 30907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100003330131--7	
CITY-ST-ZIP	-07/20/00--01061--014	
	**1658.75    ***1658.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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:** *[Signature]*      **DATE:** 5-5-00      **DAY AND PHONE #:** 262/728-3718

CR2E03719/99

94-00

DO NOT WRITE IN THIS SPACE

**REINSTATEMENT 94-00**