

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # K55029**

1. Entity Name

**MESSER, CAPARELLO, & SELF, P.A.**

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90038 042 \*\*\*150.00

Principal Place of Business

Mailing Address

215 S. MONROE STREET  
 SUITE 701  
 TALLAHASSEE FL 32301-1871  
 US

P.O. BOX 1876  
 TALLAHASSEE FL 32302-1876

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2921100**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SELF, FLOYD R**  
**215 S. MONROE STREET**  
**SUITE 701**  
**TALLAHASSEE FL 32301**

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

**4-18-2000**

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | <b>DVT</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>SELF, FLOYD R</b>           |                                 |
| STREET ADDRESS | <b>2924 COLD STREAM DR</b>     |                                 |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL 32308</b>    |                                 |
| TITLE          | <b>DP</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>CAPARELLO, DOMINIC M</b>    |                                 |
| STREET ADDRESS | <b>5123 ILE DE FRANCE</b>      |                                 |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL</b>          |                                 |
| TITLE          | <b>DC</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>MESSER, JAMES ELLIOTT</b>   |                                 |
| STREET ADDRESS | <b>3529 RAYMOND DIEHL ROAD</b> |                                 |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL</b>          |                                 |
| TITLE          | <b>DS</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>HORTON, NORMAN H.</b>       |                                 |
| STREET ADDRESS | <b>7740 DEEPWOOD TRAIL</b>     |                                 |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL</b>          |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>R. Frank Myers</b>         |  |
| STREET ADDRESS | <b>1246 Smoke Rise Lane</b>   |  |
| CITY-ST-ZIP    | <b>Tallahassee, FL 32311</b>  |  |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Thomas M. Findley</b>      |  |
| STREET ADDRESS | <b>6369 Pickney Hill Road</b> |  |
| CITY-ST-ZIP    | <b>Tallahassee, FL 32312</b>  |  |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Albert Tico Gimbel</b>     |  |
| STREET ADDRESS | <b>4016 Kilmartin Dr.</b>     |  |
| CITY-ST-ZIP    | <b>Tallahassee, FL 32308</b>  |  |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Lawrence A. Gonzalez</b>   |  |
| STREET ADDRESS | <b>1216 Terrace Street</b>    |  |
| CITY-ST-ZIP    | <b>Tallahassee, FL 32303</b>  |  |
| 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    |                               |  |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-18-2000**

**950-222-0720**

CR2E034 (9/99)