

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # N00000000431

1. Entity Name
FREEPORT BUSINESS PARK ASSOCIATION, INC.

Principal Place of Business 225 BLUE RIDGE PARKWAY FREEPORT FL 32439	Mailing Address 225 BLUE RIDGE PARKWAY FREEPORT FL 32439
--	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address P.O. BOX 989 Suite, Apt. #, etc. City & State Zip
--	--

4. FEI Number Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAPPS ROBERT E
225 BLUE RIDGE PARKWAY

FREEPORT FL 32439

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 _____ DATE **04/26/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON MELISSA E	
STREET ADDRESS	151 REGIONS WAY - #6-A	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	GANTZ JOSEPH	
STREET ADDRESS	225 BLUE RIDGE PARKWAY	
CITY-ST-ZIP	FREEPORT FL 32439	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CAPPS ROBERT E	
STREET ADDRESS	225 BLUE RIDGE PARKWAY	
CITY-ST-ZIP	FREEPORT FL 32439	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
CITY-ST-ZIP		
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)(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 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: ROBERT E. CAPPS PD 04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)