

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90248 041 ****61.25

DOCUMENT # N09760

1. Entity Name

CAPRI MOTOR LODGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**CAPRI MOTOR LODGE CONDO
 360 CAPRI BLVD.
 NAPLES FL 34113**

**C/O PEGGY SOLOMON
 360 CAPRI BLVD.. #106
 NAPLES FL 34113-8608**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2833603

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BUTLER-GONZALES, MARY LOU
 360 CAPRI BLV.
 #207
 NAPLES FL 34113**

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 MARY LOU BUTLER GONZALES, PRESIDENT

2/22/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	BUTLER-GONZALES, MARY LOU	
STREET ADDRESS	360 CAPRI BLVD..#207	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	KNOWLES, HILDEGARDE	
STREET ADDRESS	1205 WILDCREST DR	
CITY-ST-ZIP	MANCHESTER TN 37355	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, PATRICIA	
STREET ADDRESS	CHARMWOODHILLS,6437 MALVERN	
CITY-ST-ZIP	TROY MI 48098	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORSYTHE, EDWARD	
STREET ADDRESS	360 CAPRI BLVD., 108	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANKO, TERRY	
STREET ADDRESS	1602 GROVE ST.	
CITY-ST-ZIP	BOULDER, CO 80302	
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)(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: Mary Lou Butler Gonzales
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00 941-642-8704
 Date Daytime Phone #

CR2E037 (9/99)