## FILED

Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90107 012 \*\*\*\*61.25

## **2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N30425** 

1. Entity Name

CITY-ST-ZIP

CAPE CORAL FL 33914

THE MOORINGS OF CAPE CORA		Mailing Address	
C/O BENSON'S. INC. 12650 WHITEHALL DRIVE FORT MYERS FL 33907-3619 US		C/O BENSON'S. INC. 12650 WHITEHALL DRIVE FORT MYERS FL 33907-3619 US  3. Mailing Address	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0200736 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mark R. Benson Street Address (P.O. Box Number is Not Acceptable) WASSBERG, CURTIS 1303 S.E. 34TH TERRACE CAPE CORAL FL 33904 City <sup>Zip</sup> \$39907 Fort Myers 8. The above named entity submits this statement for the purpose of tranging its registered office or registered agent, or both, in the state of Florida SIGNATURE (NOTE, Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. 檱 Delete ☐ Change XX Addition TITLE TD TITLE VD NAME NAME HORVAY, LESLIE Zandron, David STREET ADDRESS STREET ADDRESS 4634 SW 12 PL #218 4728 SW 12th P1 #104 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL Cape Coral, FL 33914 Change ☐ Addition TITLE ☐ Delete TITLE vpd NAME NAME **NEGLIA, ANTHONY** Neglia, Anthony----STREET ADDRESS STREET ADDRESS 4718 SW 12TH PL 110 4718 SW 12th Pl #110 CITY-ST-ZIP CITY-ST-7IP CAPE CORAL FL Cape Coral, FL-33914 Addition ☐ Change **Z**Delete TITLE TITLE PD NAME NAME BARTON, BETTY Beier, Alfred STREET ADDRESS 4622 SW 12th Pl #222 STREET ADDRESS 4634 SW 12TH PL 114 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL Cape Coral, FL 33914 XX Change Addition ☐ Delete TITLE SD TITLE Bilikiewicz, Jane **BILIKIEWICZ, JANE** NAME NAME 4634 SW 12th Pl #116 STREET ADDRESS STREET ADDRESS 4634 SW 12TH PLACE 1, #116 CITY-ST-ZIP CITY-ST-ZIP Cape Coral, FL 33914 CAPE CORAL FL 33914 **≯**⊠ Addition Change TITLE Delete TITLE Mock, C. Jeanne 4718 SW 12th Pl NAME NAME STANN, ROBERT #116 STREET ADDRESS 4622 SW 12TH - #122 STREET ADDRESS

☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-ZIP

Cape Coral, FL

33914

12. I hereby certify that the information supplied with this filling 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. NEGLI 2-06-00 SIGNATURE: