

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J27122

1. Entity Name

BAGWELL & CAPPELLO, CPA, P.A.

Principal Place of Business

Mailing Address

1800 BOOTHE CIRCLE  
SUITE 104  
LONGWOOD FL 32750

1900 BOOTHE CIRCLE  
SUITE 104  
LONGWOOD FL 32750-6774

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2709254

Applied For

Not Applicable

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

BAGWELL, BRENDA  
1900 BOOTHE CIR STE 104  
LONGWOOD FL 32750

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

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 ~~PD~~  
NAME PALMER, PHYLLIS M.  
STREET ADDRESS 8079 WATERMAN ST  
CITY-ST-ZIP DELTONA FL 32738 ☒ Delete

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

TITLE ~~VP~~  
NAME BAGWELL, BRENDA F.  
STREET ADDRESS 2061 WEMBLEY PL  
CITY-ST-ZIP OVIEDO FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME PRESIDENT  
STREET ADDRESS BAGWELL, BRENDA F.  
CITY-ST-ZIP 2061 WEMBLEY PLACE  
OVIEDO, FL

TITLE ~~VP~~  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☒ Addition  
NAME ~~VP~~  
STREET ADDRESS BONNIE CAPPELLO  
CITY-ST-ZIP 974 VICKSBURG ST.  
DELTONA, FL 32725

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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 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: Brenda Bagwell REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2000

Date

407-834-2538

Daytime Phone #

CR2E034 (9/99)