

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90099 013 \*\*\*\*61.25

**DOCUMENT # 744971**

1. Entity Name

**CAPRI LAGOONS, UNIT III, INC.**

Principal Place of Business

Mailing Address

250 104TH AVE.  
 TREASURE ISLAND FL 33706

250 104TH AVE.  
 TREASURE ISLAND FL 33706-4846

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

**59-2060099**

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

7. Name and Address of New Registered Agent

LAMONT, SUE  
 250 104TH AVE.  
 TREASURE ISLAND FL 33706

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

**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	PD	<input type="checkbox"/> Delete
NAME	THOMPSON, ROSEMARY	
STREET ADDRESS	12548 CAPRI CIRCLE N.	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VERNOTZY, JOAN	
STREET ADDRESS	12552 CAPRI CIR N	
CITY-ST-ZIP	TREASURE IS, FL FL 33706	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALKIN, CAROL	
STREET ADDRESS	12546 CAPRI CIRCLE N.	
CITY-ST-ZIP	TREASURE ISLAND FL	
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
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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. **ROSEMARY THOMPSON**

SIGNATURE:

*Rosemary Thompson, President*  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/9/00**  
 Date

**341-7636**  
 Daytime Phone #

CR2037 (9/99)