

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90029 031 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2060099

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

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
 NAME: THOMPSON, ROSEMARY
 STREET ADDRESS: 12548 CAPRI CIRCLE N.
 CITY-ST-ZIP: TREASURE ISLAND FL

TITLE: PD
 NAME: VERNOTZY, JOAN
 STREET ADDRESS: 6552 Capri Circle N
 CITY-ST-ZIP: Treasure Island, FL 33706
 Change Addition

TITLE: STD
 NAME: VERNOTZY, JOAN
 STREET ADDRESS: 12552 CAPRI CIR N
 CITY-ST-ZIP: TREASURE IS, FL FL 33706

TITLE: STD
 NAME: THOMPSON, ROSEMARY
 STREET ADDRESS: 12548 Capri Circle N
 CITY-ST-ZIP: Treasure Island, FL 33706
 Change Addition

TITLE: VD
 NAME: ALKIN, CAROL
 STREET ADDRESS: 12546 CAPRI CIRCLE N.
 CITY-ST-ZIP: TREASURE ISLAND FL

TITLE: ANN CURRENT
 NAME: ANN CURRENT
 STREET ADDRESS: 12550 Capri Circle N
 CITY-ST-ZIP: Treasure Island, FL 33706
 Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 Change Addition

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: *Spontive Requirements*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01
 Date

Daytime Phone #

CF2E037 (10/00)

D0012819



DO NOT WRITE IN THIS SPACE