

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90110 035 ****61.25

DOCUMENT # 744971

Entity Name
CAPRI LAGOONS, UNIT III, INC.

Principal Place of Business Mailing Address
 104TH AVE. 250 104TH AVE.
 TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number 59-2060099		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State				Not Applicable	
Zip	Country	Zip	Country				

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	

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, ROSEMARY			NAME			
STREET ADDRESS	12548 CAPRI CIRCLE N.			STREET ADDRESS			
CITY-ST-ZIP	TREASURE ISLAND FL			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VERNOTZY, JOAN			NAME			
STREET ADDRESS	12552 CAPRI CIR N			STREET ADDRESS			
CITY-ST-ZIP	TREASURE IS, FL. FL 33706			CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	CURRENT ANN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALKIN, CAROL			NAME	12550 CAPRI CIRCLE N		
STREET ADDRESS	12546 CAPRI CIRCLE N.			STREET ADDRESS	TREASURE ISLAND FL. 33706		
CITY-ST-ZIP	TREASURE ISLAND FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Joan Vervotzy **JOAN VERNOTZY** **President**

CR2E037 (9/01)