2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 745424** Apr 22, 2000 8:00 am Secretary of State 1. Entity Name THE 12080 CAPRI CIRCLE SOUTH CONDOMINIUM ASSOCIA 04-22-2000 90012 004 ****61.25 Principal Place of Business Mailing Address 12080 CAPRI CIRCLE S 12080 CAPRI CIRCLE S TREASURE ISLAND FL 33706-4953 TREASURE ISLAND FL 33706 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3010287 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ELIKER, DIRK 12080 CAPRI CIR S #202 /QQ Zip Code FL TREASURE ISLAND FL 33706 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change Addition TITLE ☐ Delete TITLE NAME ELIKET, DIRK NAME STREET ADDRESS 12080 CAPRI CIR SO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLAND FL 33706 Delete TITLE VD. TITLE ROBERT HARRISON NAME 12080 Capei circle SUNIT 201 NAME HOLT, CURT STREET ADDRESS STREET ADDRESS 12080 CAPRI CIR S TREASURE ISLAND FL 33706 CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLAND FL 33706 ☐ Change ☐ Delete Addition TITI F TITLE SD NAME CURETON, STEVEN NAME STREET ADDRESS STREET ADDRESS 12080 CAPRI CIR S CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLAND FL Change Delete Addition TITI F WETZEL TITLE TD Charlene NAME FOWLER, SANDRA 12080 Capri Circle Sunitio1 NAME STREET ADDRESS STREET ADDRESS 12080 CAPRI CIR S TREASURE ISLAND FL 33706 CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLAND FL ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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

727576-57.
Daytime Phone #

Date Daytime Pi