

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755244

1. Entity Name

NATIONAL CAPTAIN'S INSTITUTE, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90035 049 ****61.25

Principal Place of Business

11025 3RD STREET EAST
TREASURE ISLAND FL 33706

Mailing Address

11025 3RD STREET EAST
TREASURE ISLAND FL 33706

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2066593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, ROBERT L.
11025 3RD STREET EAST
TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

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

Robert L. Arnold, ROBERT L. ARNOLD, PRES, 4-14-01
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

TITLE PD ☐ Delete
NAME ARNOLD, ROBERT L
STREET ADDRESS 11025 3RD STREET EAST
CITY-ST-ZIP TREASURE ISLAND FL

TITLE STD ☐ Delete
NAME ARNOLD, DIANE K
STREET ADDRESS 11025 3RD ST EAST
CITY-ST-ZIP TREASURE ISLD, FL 00000

TITLE VD ☐ Delete
NAME ARNOLD, TERRY R
STREET ADDRESS 4839 20TH AVE N
CITY-ST-ZIP ST PETERSBURG FL

TITLE VD ☐ Delete
NAME WHIDDEN, CHERYL
STREET ADDRESS 29120 SE 175TH ST
CITY-ST-ZIP UMATILLA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition
NAME WHIDDEN, CHERYL
STREET ADDRESS 109 E. VILLA CAPRI CIR, APT B
CITY-ST-ZIP DELAND FL 32724

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

TITLE ☐ Change ☐ 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.

SIGNATURE:

Robert L. Arnold, ROBERT L. ARNOLD, 4-14-01 727-367-1114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)