

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90003 040 \*\*\*\*61.25

**DOCUMENT # 762897**

1. Entity Name

**CAPRI HARBOR, PHASE I, INC.**

Principal Place of Business

Mailing Address

**12354 CAPRI CIR N  
 TREASURE ISLAND FL 33706**

**C/O LAMONT  
 205 104 AVE  
 TREASURE ISLAND FL 33706  
 US**

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

**59-2284441**

Applied For

Not Applicable

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  
 250 104 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 checked="" type="checkbox"/> Delete
NAME	KEMKER, PAUL	
STREET ADDRESS	12354 CAPRI CIRCLE N	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MARATOS, STANLEY	
STREET ADDRESS	12352 CAPRI CIRCLE N	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOODYEAR, JILL	
STREET ADDRESS	12318 CAPRI CIRCLE N	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRECO, ANTHONY	
STREET ADDRESS	12364 CAPRI CIRCLE N	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MACDONALD, BEAR	
STREET ADDRESS	12368 CAPRI CIRCLE N	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENE, LAUREN	
STREET ADDRESS	13611 PARK BLVD. STE. G.	
CITY-ST-ZIP	SEMINOLE, FL 33176	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARATOS, STANLEY	
STREET ADDRESS	12352 CAPRI CIRCLE N.	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROWE, MICHAEL	
STREET ADDRESS	12356 CAPRI CIRCLE N.	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLEMAN, BEN	
STREET ADDRESS	12366 CAPRI CIRCLE N.	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD, BEAR	
STREET ADDRESS	12368 CAPRI CIRCLE N	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITIS, PHILIP	
STREET ADDRESS	12352 CAPRI CIRCLE N	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	

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:

**MACDONALD**

**2/18/02 127-360-3644**

CR2E037 (9/01)