

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 825802

1. Entity Name

CAPPLANCO FIVE, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90068 013 ***150.00

Principal Place of Business

Mailing Address

11850 STUDDT AVENUE
P.O. BOX 419121
ST. LOUIS MO 63141

11850 STUDDT AVENUE
P.O. BOX 419121
ST. LOUIS MO 63141-9121

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 **43-0964038**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAPPS, GEORGE K.	
STREET ADDRESS	831 WOOD COVE COURT	
CITY-ST-ZIP	CHESTERFIELD MO	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAPPS, HELEN S	
STREET ADDRESS	322 CARLYLE LAKE DR	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHULZ, GARY S.	
STREET ADDRESS	15544 COUNTRY RIDGE	
CITY-ST-ZIP	CHESTERFIELD MO	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAPPS, JOHN R.	
STREET ADDRESS	12764 SPRUCE POND RD.	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Gary S. Schulz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/00
Date

314-301-1700
Daytime Phone #

CR2E034 (9/99)