

2000 UNIFORM BUSINESS REPORT (UBR)

0006660 AF

DOCUMENT # A17262

1. Entity Name

CAPRI VILLAS, LTD.

APPROVED
AND
FILED

00-MAR 29 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf/le

Principal Place of Business

5751 PLANTATION ROAD
PLANTATION FL 33317

Mailing Address

5751 PLANTATION ROAD
PLANTATION FL 33317-1338

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2406739

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIS, LYNWOOD G.
437 E. MONROE ST.
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name ALFRED H. WOLF

Street Address (P.O. Box Number is Not Acceptable)

5751 PLANTATION ROAD

City PLANTATION

FL

Zip Code 33317

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

3/23/00

9. Capital Contributions as Shown on record.

\$190.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME WILLIS, LYNWOOD G.
STREET ADDRESS 415 EAST MONROE STREET
CITY - ST - ZIP JACKSONVILLE FL

DOCUMENT #
NAME WOLF, ALFRED H., JR.
STREET ADDRESS 5751 PLANTATION ROAD
CITY - ST - ZIP PLANTATION FL

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

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****141.25 ****141.25

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/23/00

Date

581-1029

Daytime Phone #

CR2E003 (9/99)