

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003302

1. Entity Name

FIRST CAPITAL RESOURCES.COM, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90069 022 \*\*\*150.00

Principal Place of Business

1400 E. OAKLAND PARK BLVD.,STE 100  
FT. LAUDERDALE FL 33334

Mailing Address

1400 E. OAKLAND PARK BLVD.,STE 100  
FT. LAUDERDALE FL 33334-4400

2. Principal Place of Business

Two Prestige Place

3. Mailing Address

Two Prestige Place

Suite, Apt. #, etc.

2650 McCormick Drive, Suite 185

Suite, Apt. #, etc.

2650 McCormick Drive

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33759

Country

U.S.A.

Zip

33759

Country

U.S.A.

4. FEI Number

87-0438641

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

LAZAROU, SPIRO

1400 E. OAKLAND PARK BLVD.,STE 100  
FT. LAUDERDALE FL 33334

Name

Derri Davisson

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

2650 McCormick Drive, Suite 185

City

Clearwater

FL

Zip Code

33759

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

Derri Davisson

4-6-00

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

TITLE	CPS	<input checked="" type="checkbox"/> Delete
NAME	LAZAROU, SPIRO	
STREET ADDRESS	1400 E. OAKLAND PARK BLVD.,STE 100	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GEIGER, ROBERT	
STREET ADDRESS	1400 E. OAKLAND PARK BLVD.,STE 100	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALOUMANIS, PETER	
STREET ADDRESS	1400 E. OAKLAND PARK BLVD.,STE 100	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Derri Davisson	
STREET ADDRESS	2650 McCormick Drive, Suite 185	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	Secretary/Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Stephen Miller	
STREET ADDRESS	2650 McCormick Drive, Suite 185	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Derri Davisson

Date

Daytime Phone #

4-6-00

727-791-6510 X19

CR2E034 (9/99)