

2002 UNIFORM BUSINESS REPORT (UBR)

0687275 AT

DOCUMENT # **H74047**

1. Entity Name

CAPRI PROPERTIES, INC.

APPROVED
AND
FILED

02 MAR 20 PM 1:10

Principal Place of Business

**U.S. 19 NORTH
MONTICELLO FL 32344**

Mailing Address

**P O BOX 503
MONTICELLO FL 32345
US**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 560

2465 No. JEFFERSON ST.

City & State

MONTICELLO, FL.

4. FEI Number

59-2571570

Applied For

Not Applicable

Zip

Country

32345

Country

JEFFERSON

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

6. Name and Address of Current Registered Agent

**BACK, CHARLES E.
U.S. 19 NORTH
MONTICELLO FL 32344**

7. Name and Address of New Registered Agent

Name **ELLEN P. WAGNER**

Street Address (P.O. Box Number is Not Acceptable)
2465 North JEFFERSON

City **MONTICELLO**

FL

Zip Code **32345**

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 *Ellen P. Wagner*

(NOTE: Registered Agent signature required when reinstating)

1-2-2002

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, 2002 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 **VP** ☒ Delete
NAME **BACK, ADELE C**
STREET ADDRESS **US 19 NORTH**
CITY-ST-ZIP **MONTICELLO FL**

TITLE **D** ☒ Delete
NAME **BACK, BILLIE L.**
STREET ADDRESS **US 19 NORTH**
CITY-ST-ZIP **MONTICELLO FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/T/SIC** ☒ Change ☐ Addition
NAME **ELLEN P. WAGNER**
STREET ADDRESS **2465 North JEFFERSON**
CITY-ST-ZIP **MONTICELLO, FL 32345**

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

TITLE ☐ Change ☐ Addition
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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: *Ellen P. Wagner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1-2002

Date

850-997-5712

Daytime Phone #

CR2E034 (9/01)