

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90114 018 ***150.00

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DOCUMENT # H78611

1. Entity Name
CAPE COAST HOME ENTERTAINMENT CENTER, INC.

Principal Place of Business Mailing Address
1112 W. NEW HAVEN AVENUE **1112 W. NEW HAVEN AVENUE**
MELBOURNE FL 32904 **MELBOURNE FL 32904**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
P.O. Box 2741
MELBOURNE, FL

City & State City & State 4. FEI Number Applied For
Melbourne **Melbourne** **59-2588797** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32902-2741 **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~POTTER, WILLIAM C.~~
~~700 S. BABCOCK ST., #400~~
~~MELBOURNE FL 32901~~

Name **STEVENS, C George**
 Street Address (P.O. Box Number is Not Acceptable)
405 FOOTMAN LN
 City **Merritt Island** FL Zip Code **32952**

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 **President** DATE **4/4/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	STEVENS, C. GEORGE	
STREET ADDRESS	405 FOOTMAN LN.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STEVENS, JULIA W.	
STREET ADDRESS	405 FOOTMAN LN.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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: **Julia W Stevens** Date **4/4/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **321-984-3131**

CFR2E034 (10/00)