

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

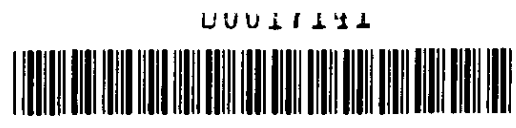
02-28-2000 90012 010 \*\*\*150.00

**DOCUMENT # H82207**  
 1. Entity Name  
**CAXAMBAS ASSOCIATES, INC.**

Principal Place of Business <b>945 CAXAMBAS DR          MARCO ISLAND FL 33937-5907          US</b>	Mailing Address <b>4201 N. CNTY. RD. M          EVANSVILLE WI 53536-8618          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**PARKER, GEORGE  
 945 CAXAMBAS DR  
 MARCO ISLAND FL 33937**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b> 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 \_\_\_\_\_ (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**

TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>THERMANSEN, MARTHA</b>	
STREET ADDRESS	<b>5320 N. LAKE DRIVE</b>	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	
TITLE	CP	<input type="checkbox"/> Delete
NAME	<b>PARKER, GEORGE</b>	
STREET ADDRESS	<b>945 CAXAMBAS DRIVE</b>	
CITY-ST-ZIP	<b>MARCO FL</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>PARKER, GEORGE III</b>	
STREET ADDRESS	<b>2833 RIVER ROAD</b>	
CITY-ST-ZIP	<b>VIRGINIA BEACH VA</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>CUMPIANO, ELIZABETH</b>	
STREET ADDRESS	<b>107 CALLE TRES HERMANOS</b>	
CITY-ST-ZIP	<b>CONDADO PR</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>SCHULTZ, PATRICIA</b>	
STREET ADDRESS	<b>2512 N. RIO GRANDE DR.</b>	
CITY-ST-ZIP	<b>MERRILL WI 54452</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		
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:** *George Parker* **George Parker** **1/13/2000** **608/882-2523**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)