

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H82207

1. Entity Name

CAXAMBAS ASSOCIATES, INC.

Principal Place of Business

945 CAXAMBAS DR  
MARCO ISLAND FL 33937-5907  
US

Mailing Address

4201 N. CNTY. RD. M  
EVANSVILLE WI 53536  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

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

3/15/2001

608/882-2523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90054 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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