

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00309

1. Entity Name

CAPE ASSOCIATES, INC.

Principal Place of Business

931 CAPE CORAL PARKWAY
CAPE CORAL FL 33904
US

Mailing Address

931 CAPE CORAL PARKWAY
CAPE CORAL FL 33904-9015
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90047 010 ***155.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

FEI 65-0129443

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

FISHER, LEIGH M.
4002 DEL PRADO BLVD.
CAPE CORAL FL

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	JONES, ROBERT	
STREET ADDRESS	4531 S.E. 14TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GREENE, DANIEL	
STREET ADDRESS	5239 SARASOTA COURT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GREENE, DORIS	
STREET ADDRESS	5239 SARASOTA COURT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'DONNELL, CAROLYN	
STREET ADDRESS	2815 ELECTRIC ST.	
CITY-ST-ZIP	DUNMORE PA	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Robert O. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dir/Pres Robert O. Jones 4/4/00 (941) 542 -3189

Date

Daytime Phone #

CR2E034 (9/99)