

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L11491

1. Entity Name

CAPE CORAL BEAUTY SCHOOL, INC.

FILED

00 APR -6 AM 10:00

Principal Place of Business

1214 S.E. 47TH STREET
CAPE CORAL FL 33904

Mailing Address

1214 S.E. 47TH STREET
CAPE CORAL FL 33904-0628

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0129160

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLARD, KEITH R
5120 S.W. 18TH AVENUE
CAPE CORAL FL 33914

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 reappointing)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

11. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
POT
MILLARD, KEITH R
5120 S.W. 18TH AVENUE
CAPE CORAL FL 33914

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MILLARD, DELORES
5120 S.W. 18TH AVENUE
CAPE CORAL FL 33914

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
S
FIELDS, HELENE M
2905 MAGNOLIA STREET
FORT MYERS FL 33001

TITLE ☒ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
S
BORCHARDT, BETTY
1214 S.E. 47TH STREET
CAPE CORAL FL 33904

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
S
BORCHARDT, BETTY
1214 S.E. 47TH STREET
CAPE CORAL FL 33904

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
S
BORCHARDT, BETTY
1214 S.E. 47TH STREET
CAPE CORAL FL 33904

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

DeLores Millard VP DELORES MILLARD

3/5/00

Date

(941) 549 1819

Daytime Phone #