

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L98000002438

1. Entity Name  
CAPTIVA ISLAND PROPERTIES LIMITED COMPANY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -2 PM 4:20

Principal Place of Business  
1633 PERIWINKLE WAY, SUITE A  
SANIBEL FL 33957

Mailing Address  
1633 PERIWINKLE WAY, SUITE A  
SANIBEL FL 33957-4404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-0870822

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURTY, TIMOTHY J ESQ.  
1633 PERIWINKLE WAY, SUITE A  
SANIBEL FL 33957

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM  
NAME KEBER, VINCENT M  
STREET ADDRESS P.O. BOX 843  
CITY-ST-ZIP CAPTIVA FL 33924

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME P.O. Box 210  
STREET ADDRESS SANIBEL FL 33957  
CITY-ST-ZIP

TITLE  
NAME 700003123194-43  
STREET ADDRESS -02/03/00--01038--017  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-25-00 (941) 472-0629

CR2E083 (9/99)