

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000956

1. Entity Name

IN TRUST FOR CAPTIVA, INC.

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90024 047 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 966
CAPTIVA FL 33924

P.O. BOX 966
CAPTIVA FL 33924

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0992039**

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

LOOMIS, THOMAS H
16531 CAPTIVA DR.
CAPTIVA FL 33924

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTT
LOOMIS, THOMAS H
16531 CAPTIVA DR.
CAPTIVA FL 33924 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
ST
KOURY, PETER
11539 WIGHTMAN LANE
CAPTIVA FL 33924 ☐ Delete

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TRAFF, CLIFF
16095 CAPTIVA DR.
CAPTIVA FL 33924 ☐ Delete

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)