

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004203

1. Entity Name

CAPFA CAPITAL CORP. 2000A

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90193 030 ****70.00

Principal Place of Business

99 RIVERSIDE DR
MOORE HAVEN FL 33471

Mailing Address

~~99 RIVERSIDE DR~~
~~MOORE HAVEN FL 33471~~

2. Principal Place of Business

3. Mailing Address

P.O. Box 60674

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers FL

Zip

Country

33906

Country

USA

4. FEI Number

65-1039406

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZVARA, WILLIAM L
4810 ARAHOE AVE
JACKSONVILLE FL 32210

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

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, STEVE	
STREET ADDRESS	415 AVE N	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWENS, WAYNE	
STREET ADDRESS	301 AVE H, P.O. BOX 523	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	D	<input type="checkbox"/> Delete
NAME	OGLETREE, HARRY N	
STREET ADDRESS	242 AVE K, P.O. BOX 572	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, RG	
STREET ADDRESS	300 AVE K, P.O. BOX 392	
CITY-ST-ZIP	MOORE HAVEN FL 3	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McGEE, DAVE	
STREET ADDRESS	300 RAILROAD AVE.	
CITY-ST-ZIP	MOORE HAVEN, FL 33471	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICH, BEAMAN	
STREET ADDRESS	743 AVE B, PO BOX 976	
CITY-ST-ZIP	MOORE HAVEN, FL 33471	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-01

CR2E037 (10/00)