

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90154 013 *****70.00

DOCUMENT # N00000004203

1. Entity Name

CAPFA CAPITAL CORP. 2000A

Principal Place of Business

**99 RIVERSIDE DR
 MOORE HAVEN FL 33471**

Mailing Address

**P.O. BOX 60674
 FORT MYERS FL 33906**

80048888



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

65-1039406

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ZVARA, WILLIAM L
 4810 ARAHOE AVE
 JACKSONVILLE FL 32210**

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 ☐ Delete
 NAME **D OWENS, WAYNE**
 STREET ADDRESS **301 AVE H, P.A. BOX 523**
 CITY-ST-ZIP **MOORE HAVEN FL 33471**

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

TITLE ☐ Delete
 NAME **D OGLETREE, HARRY N**
 STREET ADDRESS **242 AVE K, P.O. BOX 572**
 CITY-ST-ZIP **MOORE HAVEN FL 33471**

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

TITLE ☐ Delete
 NAME **D HARRIS, RG**
 STREET ADDRESS **300 AVE K, P.O. BOX 392**
 CITY-ST-ZIP **MOORE HAVEN FL 3**

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

TITLE ☐ Delete
 NAME **D MCGEE, DAVE**
 STREET ADDRESS **300 RAILROAD AVE.**
 CITY-ST-ZIP **MOORE HAVEN FL 33471**

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

TITLE ☐ Delete
 NAME **D RICH, BEAMAN**
 STREET ADDRESS **743 AVE B, P.O. BOX 976**
 CITY-ST-ZIP **MOORE HAVEN FL 33471**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Administrative Services 941-277-3900**
 Date Daytime Phone #

CR2E037 (9/01)