

AMEND

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 JUL -3 PM 4:46

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N38795			
1. Entity Name NORTH CAPE INDUSTRIAL PARK ASSOCIATION, INC.			
Principal Place of Business 2534 NE 9TH AVENUE CAPE CORAL, FL 33909 US		Mailing Address 2534 NE 9TH AVENUE CAPE CORAL, FL 33909 US	
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 65-6342224		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUSK, LISA M 202 DEL PRADO BLVD CAPE CORAL, FL 33990		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when submitting)			
DATE _____			
FIRE NOW FEES \$61.25		Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D BLASKO, ANNA LEE 799 CYPRESS LAKE CIR FORT MYERS, FL 33919 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BROOKS, FRANK 4250 Streamboat Bend FORT MYERS FL 34134 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BARTON, DAVID 6718 DRIFTWOOD PARKWAY CAPE CORAL, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Bazzard, David 305 ALLAN AVE EVERGLADES CITY, FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOPTIS, WILLIAM 9160 SOUTH HILLS BLVD CLEVELAND, OH 44147 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Simone, Nick 2525, NE 9th Ave Cape Coral, FL 33909 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200021506882 07/03/03--01091--002 *\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <i>David Barton</i> V. Pres.		6/23/03 239-772-9994	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

032E037 (10/02)