

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90007 049 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N98000003214**

1. Entity Name  
**CAPFA CAPITAL CORP.1998B**

Principal Place of Business: **PO BOX 399 MOORE HAVEN FL 33471**  
 Mailing Address: **P.O. BOX 60674 FORT MYERS FL 33906-6674 US**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_ City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **65-0865145** 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 ARAPAHOE 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: \_\_\_\_\_ (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: <b>D</b>	<input type="checkbox"/> Delete <b>OWENS, WAYNE 99 RIVERSIDE DRIVE MOORE HAVEN FL 33471</b>	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b>	<input type="checkbox"/> Delete <b>RICH, BEAMAN 99 RIVERSIDE DRIVE MOORE HAVEN FL 33471</b>	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b>	<input type="checkbox"/> Delete <b>OGLETREE, HARRY H 256 AVE. K MOORE HAVEN FL 33471</b>	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b>	<input type="checkbox"/> Delete <b>HARRIS, R.G. 300 AVE. K AND THIRD STREET MOORE HAVEN FL 33471</b>	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b>	<input type="checkbox"/> Delete <b>TAYLOR, STEPHEN 99 RIVERSIDE DRIVE MOORE HAVEN FL 33471</b>	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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:** S. Taylor **SIGNATURE REQUIRED** 4/6/00 941-277-3950  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)