

2000 UNIFORM BUSINESS REPORT (UBR)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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 ☐ Delete
NAME OWENS, WAYNE
STREET ADDRESS 99 RIVERSIDE DRIVE
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE D ☐ Delete
NAME RICH, BEAMAN
STREET ADDRESS 99 RIVERSIDE DRIVE
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE D ☐ Delete
NAME OGLETREE, HARRY H
STREET ADDRESS 256 AVE. K
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE D ☐ Delete
NAME HARRIS, R.G.
STREET ADDRESS 300 AVE. K AND THIRD STREET
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE D ☐ Delete
NAME TAYLOR, STEPHEN
STREET ADDRESS 99 RIVERSIDE DRIVE
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0865145
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

CR2E037 (9/99)