

FILED
May 23, 2001 8:00 am
Secretary of State

04-27-2001 90361 024 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012204

1. Entity Name
FRANGIPANI, INC.

Principal Place of Business
14830 CAPTIVA DRIVE
CAPTIVA FL 33924

Mailing Address
POST OFFICE BOX 425
CAPTIVA FL 33924

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 **65-0982983**

Applied For

Not Applicable

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

MOREY, HARTLEY
1986 MY-TERN COURT
SANIBEL FL 33957

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 file if applicable

(NOTE: Registered Agent signature required when not stating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
 NAME **MOREY, HARTLEY**
 STREET ADDRESS **1986 MY-TERN COURT**
 CITY-ST-ZIP **SANIBEL FL 33957**

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

TITLE **VTD** ☐ Delete
 NAME **GERLACH, RICHARD**
 STREET ADDRESS **1986 MY-TERN COURT**
 CITY-ST-ZIP **SANIBEL FL 33957**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Hartley D Morey **HARTLEY D. MOREY**

4/21/01

941-472-3277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day to Phone #

CR2E034 (10/00)