

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020643

1. Entity Name

CAPE LANE DEVELOPMENTS, INC.

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90089 007 ***150.00

Principal Place of Business

133D HIDDEN BROOK DRIVE
PALM HARBOR FL 34683

Mailing Address

133D HIDDEN BROOK DRIVE
PALM HARBOR FL 34683

00036294



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2613 54 St. S.

3. Mailing Address

2613 54 St. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
GULF PORT FL.

City & State
GULF PORT FL

PI Number 59-3628385

Applied For
Not Applicable

Zip 33707

Country US

Zip 33707

Country US

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name LAURENCE LECAPELAIN

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

2613 54 St. S.
GULF PORT FL. 33707

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 *Laurence LeCapelain*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 9, 1901

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 PSTD
NAME LECAPELAIN, LAURENCE C ☐ Delete
STREET ADDRESS 133D HIDDEN BROOK DRIVE
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE PSTD ☒ Change ☐ Addition
NAME LECAPELAIN LAURENCE C.
STREET ADDRESS 2613 54 St. S.
CITY-ST-ZIP GULF PORT FL 33707

TITLE ☐ Delete
NAME 2613 54 St. S.
STREET ADDRESS GULF PORT FL 33707
CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME LECAPELAIN DANIEL
STREET ADDRESS 133D HIDDEN BROOK DRIVE
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Laurence LeCapelain*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

727-323-1320

CR2E034 (10/00)