

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000028463

1. Entity Name
CAPRI REAL ESTATE CORPORATION

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

01-23-2001 90086 037 ***150.00

Principal Place of Business
6307 PASADENA POINT BLVD.
GULFPORT FL 33707

Mailing Address
6307 PASADENA POINT BLVD.
GULFPORT FL 33707

2. Principal Place of Business
6798 Crosswinds Dr. N.
Suite, Apt. #, etc.
Suite A-101

3. Mailing Address
6798 Crosswinds Dr. N.
Suite, Apt. #, etc.
Suite A-101

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number
59-3688708

Applied For
Not Applicable

Zip 33710 Country U.S.

Zip 33710 Country U.S.

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NEWSOME, BETTYE J
6307 PASADENA POINT BLVD.
GULFPORT FL 33707

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 *Bettye Newsome*
Signature, typed or printed name of registered agent and title if applicable.

Bettye J. Newsome

01/10/01

(NOTE: Registered Agent signature required when reinstating)

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

| | | |
|------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD NEWSOME, BETTYE J 6307 PASADENA POINT BLVD. GULFPORT FL 33707 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD NEWSOME, LARRY J 6307 PASADENA POINT BLVD. GULFPORT FL 33707 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President & Chairman Newsome, Gregory 6274 Rock Creek Circle Ellenton, FL 34222 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Louis D. Brown, Jr. 3767 30th Ave. S. St. Petersburg, FL 33711 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Sharon H. McBride 6228 40th Ave. N. St. Petersburg, FL 33709 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Sharon H. McBride* Sharon H. McBride
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/01 727-341-0754

Date

Daytime Phone #

CR2E034 (10/00)