

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 21, 2001 8:00 am
Secretary of State

04-18-2001 90016 003 ***150.00

DOCUMENT # P00000079542

1. Entity Name

CAPE BROOKLYN, INC.

Principal Place of Business

**4890 CEDAR HAMMOCK
 FT. MYERS FL 33905**

Mailing Address

**4890 CEDAR HAMMOCK
 FT. MYERS FL 33905**

2. Principal Place of Business

1601 JACKSON ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

City & State

FORT MYERS FL

City & State

4. FEI Number

65-1040347

Applied For

Not Applicable

Zip

33901

Country

LEE.

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WINKELAS, TIFFANY
 1601 JACKSON ST., SUITE 204
 FT. MYERS FL 33901**

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 fee if applicable.

(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 **D** ☐ Delete
 NAME **MARGERUM, GREGORY**
 STREET ADDRESS **4890 CEDAR HAMMOCK**
 CITY-ST-ZIP **FT. MYERS FL 33905**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **MAHER ROBERT T**
 STREET ADDRESS **1601 JACKSON ST SUITE 201**
 CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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:

Robert T Maher

1-5-01

941-337-1707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)