

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P92000001668**

1. Entity Name

**CAPTIVE ADMINISTRATORS, INC.****FILED****Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90043 012 \*\*\*150.00

Principal Place of Business <b>13902 N. DALE MABRY SUITE 149 TAMPA FL 33618</b>	Mailing Address <b>13902 N. DALE MABRY SUITE 149 TAMPA FL 33618-2424</b>
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2. Principal Place of Business <b>3939 Cheval Boulevard</b>	3. Mailing Address <b>3939 Cheval Boulevard</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Lutz, FL 33549</b>	City & State <b>Lutz, FL 33549</b>
Zip	Zip
Country	Country

4. FEI Number **59-3163069** Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****CILLO, JOSEPH P.  
13902 N. DALE MABRY  
SUITE 149  
TAMPA FL 33618****7. Name and Address of New Registered Agent**

Name	Street Address (P.O. Box Number is Not Acceptable) <b>3939 Cheval Boulevard</b>
City <b>Lutz,</b>	FL Zip Code <b>33549</b>

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.

**Joseph P. Cillo**

(NOTE: Registered Agent signature required when reinstating)

**1/12/00**

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, 2000 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 <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>CILLO, JOSEPH P</b>	
STREET ADDRESS <b>13902 N. DALE MABRY, SUITE 149</b>	
CITY-ST-ZIP <b>TAMPA FL 33618</b>	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Cillo, Joseph P.</b>	
STREET ADDRESS <b>3939 Cheval Boulevard</b>	
CITY-ST-ZIP <b>Lutz, FL 33549</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joseph P. Cillo/President**

Date

**813-963-0004**

Daytime Phone #