2001_UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000085086

CAPE HOLDINGS INC.

Principal Place of Business

PO BOX 28134

PANAMA CITY FL 32411-8134

City & State

SIGNATURE

Mailing Address

PO BOX 28134

City & State

PANAMA CITY FL 32411-8134

Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE	

May 16, 2001 8:00 am Secretary of State **FILED**

05-16-2001 90216 033 ***150.00



59-3214754

	·				Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	S8.75 Additional Fee Required
	6Name and Address of Cui	rent Registered Agent		7. Name and Address of New Re	gistered Agent
- ·		 	Name		
SHARP, SARAH HELENE 25 SE SECOND AVENUE STE 1020 MIAMI FL 33131		Street Add	ress (P.O. Box Number is Not Acceptable)	,	

City

(NOTE: Registered Agent signature required when reinstating)

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.

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

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

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.

4. FEI Number

\$5.00 May Be Added to Fees

Zip Code

DATE

Applied For

11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DPT Delete	TITLE	Change Addition
NAME	Sharp, William L	NAME	
STREET ADDRESS	401 N. MICHIGAN AVE. #1900	STREET ADORESS	
CITY-ST-ZIP	CHICAGO IL 60611	CITY - ST - ZIP	
TITLE	VS □ Delete	TITLE	VS ★ Change Addition
NAME	SHARP, SARAH HELENE	NAME	Sarah Helene Sharp
STREET ADDRESS	25 SE SECOND AVENUE, SUITE 1135	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	25 Southeast Second Avenue, Suite 1020 Miami, Florida 33131
TITLE	VS Delete	TITLE	Change Addition
NAME	SHARP, SHERYL	NAME	
STREET ADDRESS	400 SOUTH GREEN ST	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60607	CITY-ST-ZIP	
TITLE	V □ Delete	TITLE	Change Addition
NAME	SHARP, JONATHAN DOUGL	NAME	
STREET ADDRESS	1107 SIXTEENTH STREET	STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90403	CITY-ST-ZIP	
TITLE	Delete	TITLE	☐ Change ☐ Addition
NAME '		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Delete	TITLE	Change Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	/ /	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 supplementaries port 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 this 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 attacking with a haddress, with all other like empowered.

SIGNATURE:

Sarah Helene Sharp, Vice President, Sec'y SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR