

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000079149

1. Entity Name

THE CAPRI ISLE CONDO GROUP #1, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90030 029 ***150.00

Principal Place of Business

36181 EAST LAKE RD.
PALM HARBOR FL 34685
US

Mailing Address

36181 EAST LAKE RD.
PALM HARBOR FL 34685-3142
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3298463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POWELL, W DAVID
300 CAPRI BLVD
TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

Name

POWELL W. DAVID

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

3933 PRESIDENTIAL DR.

City

PALM HARBOR

FL

Zip Code

34685

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

W. David Powell

W. David Powell Pres

2/7/00

Signature, typed or printed name of registered agent and title 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, 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 | DPS | <input checked="" type="checkbox"/> Delete |
| NAME | POWELL, W DAVID | |
| STREET ADDRESS | 300 CAPRI BLVD | |
| CITY-ST-ZIP | TREASURE ISLAND FL | |
| TITLE | DT | <input checked="" type="checkbox"/> Delete |
| NAME | POWELL, W. DAVID | |
| STREET ADDRESS | 300 CAPRI BLVD | |
| CITY-ST-ZIP | TREASURE ISLAND FL | |
| 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 |
| 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 | DPS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POWELL W. DAVID | |
| STREET ADDRESS | 3933 PRESIDENTIAL DR | |
| CITY-ST-ZIP | PALM HARBOR, FL 34685 | |
| TITLE | DT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POWELL W. DAVID | |
| STREET ADDRESS | 3933 PRESIDENTIAL DR | |
| CITY-ST-ZIP | PALM HARBOR, FL 34685 | |
| 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:

W. David Powell

Pres.

2/7/00

727-786-7178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)