

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000086915

1. Entity Name

CAPE HAZE INVESTMENTS, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90236 024 ***150.00

Principal Place of Business

Mailing Address

~~777 GULF BLVD.~~
~~BOCA GRANDE FL 33921~~

~~P.O. BOX 1560~~
~~BOCA GRANDE FL 33921-1560~~
~~US~~

2. Principal Place of Business

3. Mailing Address

115 SPYGLASS ALLEY
Suite, Apt. #, etc.

115 SPYGLASS ALLEY
Suite, Apt. #, etc.

CAPE HAZE

City & State

City & State

FL

CAPE HAZE, FL

Zip

33946

Country

Zip

33946

Country

US

4. FEI Number

65-0694374

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILLAN, WILLIAM

~~821 BELCHER RD~~

~~P.O. BOX 1560~~

~~BOCA GRANDE FL 33921~~

Name

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

115 SPYGLASS ALLEY

City

CAPE HAZE

FL

Zip Code

33946

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

William Gillan

WILLIAM GILLAN

4-29-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GILLAN, WILLIAM
STREET ADDRESS 821 BELCHER RD
CITY-ST-ZIP BOCA GRANDE FL

☐ Delete

TITLE
NAME 115 SPYGLASS ALLEY
STREET ADDRESS CAPE HAZE, FL.
CITY-ST-ZIP 33946

☒ Change ☐ Addition

TITLE DS
NAME GILLAN, SHIRLEY
STREET ADDRESS 821 BELCHER RD, P.O. BOX 1024
CITY-ST-ZIP BOCA GRANDE FL 33921

☐ Delete

TITLE
NAME 115 SPYGLASS ALLEY
STREET ADDRESS CAPE HAZE, FL.
CITY-ST-ZIP 33946

☒ Change ☐ Addition

TITLE DT
NAME MIGLIACCIO, LIDIJA
STREET ADDRESS 81 ROTONDA CIRCLE
CITY-ST-ZIP ROTONDA WEST FL 33947

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME MIGLIACCIO, SAM
STREET ADDRESS 81 ROTONDA CIRCLE
CITY-ST-ZIP ROTONDA WEST FL 33947

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

William Gillan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM GILLAN

4-29-00

Date

941-698-0080

Daytime Phone #

CR20F034 (9/99)