

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092166

1. Entity Name

CAPE PARKWAY ASSOCIATES, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90043 023 ***150.00

Principal Place of Business

Mailing Address

1502 CAPE CORAL PARKWAY
CAPE CORAL FL 33904
US

614 SE 46TH LANE
3
CAPE CORAL FL 33904-8833
US

2. Principal Place of Business

3. Mailing Address

822 SE 46TH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CAPE CORAL, FL

4. FEI Number

65-0544416

Applied For

Not Applicable

Zip

Country

Zip

Country

33904

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERICKSON, WILLIAM D
814 SE 46TH LANE 3
CAPE CORAL FL 33904

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 file 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
Tax filing requirement and elects to do so. \$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	PTD	<input type="checkbox"/> Delete
NAME	ERICKSON, WILLIAM D	
STREET ADDRESS	814 SE 46TH LANE 3	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ERICKSON, DONALD O	
STREET ADDRESS	9901 SUNSET COVE LANE, APT. 231	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ERICKSON, VIVIAN T	
STREET ADDRESS	9901 SUNSET COVE LANE, APT. 231	
CITY-ST-ZIP	FORT MYERS FL 33919	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

CR2E034 (9/99)