

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P 950000 56:35.9*

1. Entity Name

CAPITAL FIRST INVESTORS GROUP, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90042 043 ***158.75

Principal Place of Business

Mailing Address

1940 FAIRVIEW DRIVE SAME
ENGLEWOOD, FL 34223

2. Principal Place of Business

3. Mailing Address

SAME
Suite, Apt. #, etc.

SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0597604

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ANNAMARIE E KIPER
134-A SPARROW DRIVE
ROYAL PALM BEACH, FL 33411

Name

Stephen E Hummell

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

1940 FAIRVIEW DRIVE

City

Englewood

FL

Zip Code

34223

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/31/00

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE *D*
NAME *Stephen E Hummell*
STREET ADDRESS *134-A SPARROW DR.*
CITY-ST-ZIP *ROYAL PALM BEACH, FL 33411*

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1940 FAIRVIEW DRIVE
ENGLEWOOD, FL 34223

☒ Change ☐ Addition

TITLE
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☐ 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)(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

5/31/00 941-473-7653

Date

Daytime Phone #

CR2E034 (9/99)