

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056750

1. Entity Name

FLORIDA CAPE MANAGEMENT, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90236 007 ***150.00

Principal Place of Business

1512 CARIBBEAN DRIVE
 SARASOTA FL 34231-5304
 US

Mailing Address

1512 CARIBBEAN DR
 C-2
 SARASOTA FL 34231-5304
 US

2. Principal Place of Business

3. Mailing Address

5570 Bee Ridge Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C-2

City & State

SARASOTA, FL

Zip

Country

34233

Country

U.S.A

4. FEI Number

65-0600570

Applied For

Not Applicable

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

RICHARD L. HARRIS
 2661 MALL DRIVE
 SARASOTA FL 34231

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 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 GIANNINI, ALEX
 STREET ADDRESS 1512 CARIBBEAN DRIVE
 CITY-ST-ZIP SARASOTA FL

TITLE
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 CITY-ST-ZIP

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 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:

Alex A. Giannini President 4/27/00 940377-8028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)