

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056750

1. Entity Name

FLORIDA CAPE MANAGEMENT, INC.

FILED

Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90026 018 ***150.00

Principal Place of Business

1512 CARIBBEAN DRIVE
SARASOTA FL 34231-5304
US

Mailing Address

5570 BEE RIDGE RD
C-2
SARASOTA FL 34233
US

2. Principal Place of Business

411 VANDERKLOOT DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

OSPREY, FLORIDA

City & State

4. FEI Number

65-0600570

Applied For

Not Applicable

Zip

34229

Country

U.S.A

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARD L. HARRIS
2661 MALL DRIVE
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name DAVID M. SILBERSTEIN, Esq.

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

City SARASOTA

FL

Zip Code 34236

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

2/8/01

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, 2001 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 PD
NAME GIANNINI, ALEX
STREET ADDRESS 1512 CARIBBEAN DRIVE
CITY-ST-ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GIANNINI, Alex
STREET ADDRESS 411 VANDERKLOOT DR
CITY-ST-ZIP OSPREY, FL, 34229

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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

Alex A. Giannini President 2/1/01 941-377-8028

Date

Daytime Phone #

CR2E034 (10/00)