

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90066 045 ***150.00

0120460

DOCUMENT # P95000059315

1. Entity Name

CAPE FLORIDA JEL, INC.

Principal Place of Business

5519 TOPA TOPA DR
VENTURA CA 93003
US

Mailing Address

5519 TOPA TOPA DR
VENTURA CA 93003
US

2. Principal Place of Business

193 Golf Club Dr, Key West, FL

3. Mailing Address

193 Golf Club Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West, FL

City & State

Key West, FL

4. FEI Number

65-0595633

Applied For

Not Applicable

Zip

33040

Country

USA

Zip

33040

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, ROBERT K
2975 OVERSEAS HWY
MARATHON FL 33050

7. Name and Address of New Registered Agent

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 the applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/01

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 NAME STREET ADDRESS CITY-ST-ZIP	D DAY, CAVERLY G 5519 TOPA TOPA DR VENTURA CA 93003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLIE, ELENA G 5112 KLINGLE ST NW WASHINGTON DC 20016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, JULIAN C 4517 MATILJA VE SHERMAN OAKS CA 91423	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAY, CAVERLY G 193 Golf Club Drive Key West, FL 33040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

CAVERLY G DAY, President

Date

Daytime Phone #

4/10/01 305-295-0492

CR2E034 (10/00)