

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062223

1. Entity Name

CASA YBEL HOSPITALITY, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90047 024 ***158.75

Principal Place of Business

1400 GULFSHORE BLVD. N.
 #218
 NAPLES FL 34102

Mailing Address

1400 GULFSHORE BLVD. N.
 #218
 NAPLES FL 34102-4977

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 200

City & State

Zip

Country

Suite, Apt. #, etc.

SUITE 200

City & State

Zip

Country

4. FEI Number

65-0614456

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

BLAKENSHIP, LARRY S
 1400 GULFSHORE BLVD. NORTH
 #218
 NAPLES FL 34102

Name

BLANKENSHIP (CORRECT SPELLING)

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

SUITE 200

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	<input type="checkbox"/> Delete
NAME	AYRES, JOHN E JR.	
STREET ADDRESS	1400 GULFSHORE BLVD. N.	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BLAKENSHIP, LARRY S	
STREET ADDRESS	1400 GULFSHORE BLVD. N.	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHELLABARGER, JERRY E	
STREET ADDRESS	1080 GOODLETTE RD. NORTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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
NAME	BLANKENSHIP (CORRECT SPELLING)	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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.

LARRY S. BLANKENSHIP

SIGNATURE:

Larry S. Blankenship
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

941-430-0600

Daytime Phone #

CR2E034 (9/99)