

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056749

1. Entity Name  
**CAPTIVITY CHARTERS, INC.**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90182 003 \*\*\*150.00

Principal Place of Business  
5937 GOLDEN EAGLES CIRCLE  
PALM BEACH GARDENS FL 33418

Mailing Address  
5937 GOLDEN EAGLES CIRCLE  
PALM BEACH GARDENS FL 33418-1508



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**11956 Hemlock St.**  
Suite, Apt. #, etc.

3. Mailing Address  
**11956 Hemlock St**  
Suite, Apt. #, etc.

City & State  
**Palm Beach Gardens, FL**

City & State  
**Palm Beach Gardens, FL**

Zip  
**33410**

Country  
**USA**

Zip  
**33410**

Country  
**USA**

4. FEI Number **65-0678209**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**KACZOR, CHRISTOPHER J**  
**5937 GOLDEN EAGLES CIRCLE**  
**PALM BEACH GARDENS FL 33418**

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 \_\_\_\_\_ (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	<b>D</b> <input type="checkbox"/> Delete		TITLE	<b>Same</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KACZOR, CHRISTOPHER J</b>		NAME	<b>11956 Hemlock St.</b>	
STREET ADDRESS	<b>5937 GOLDEN EAGLES CIRCLE</b>		STREET ADDRESS	<b>Palm Beach Gardens FL 33410</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 reports 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: **Christopher J. Kaczor** **4/25/00** **561-627-0807**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR