

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085178

1. Entity Name

CAPITAL PARTNERS ASSOC., INC.

FILED

00 JUN 19 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3838 N. TAMiami TRAIL  
SUITE 414  
NAPLES FL 34103

3838 N. TAMiami TRAIL  
SUITE 414  
NAPLES FL 34103-3586

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3410375

Applied For  
Not Applicable

Zip Country Zip Country

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

KLOHN, WILLIAM  
CAP. PARTNERS ASSOC. INC.  
3838 N TAMiami TR 414  
NAPLES FL 34103

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 DP  
NAME KLOHN, WILLIAM L  
STREET ADDRESS 3838 N TAMiami TR. STE 414  
CITY-ST-ZIP NAPLES FL

TITLE  
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CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*W. K. L.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

941 262-5533

Daytime Phone #



Ductt  
P96000085178

**CORPORATE OFFICE**  
MDG LAKEFRONT NORTH BUILDING  
5550 STERRETT PLACE, SUITE 312  
COLUMBIA, MARYLAND 21044  
410-730-9091 • Fax: 410-740-0609  
mdgcompanies@worldnet.att.net

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June 16, 2000

Florida Department of Revenue  
Division of Corporations  
Attn: Leslie Sellers  
PO Box 6327  
Tallahassee, Florida 32314

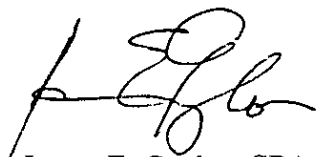
Re: Lost Annual Reports

Dear Ms. Sellers:

Pursuant to our telephone conversation yesterday, I am enclosing copies of the eight 2000 Uniform Business Reports and a replacement check for the fee. To refresh your memory, I spoke to you about the problem that became apparent when I discovered that the eight original checks (dated April 14, 2000) used to pay the fees were still outstanding and are apparently lost.

Thank you for your help and understanding in this matter.

Yours truly

A handwritten signature in dark ink, appearing to read "J. E. Gaylor".

James E. Gaylor, CPA  
Chief Financial Officer

enclosures

**BRANCH LOCATIONS**

MDG-CAPITAL PARTNERS, INC. • 3838 N. TAMiami TRAIL, SUITE 414 • NAPLES, FLORIDA 34103 • 941-262-5533  
CACAPON SOUTH • PO. BOX 702 • BERKELEY SPRINGS, WEST VIRGINIA 25411 • 304-258-6099