

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088179

1. Entity Name

THE CAPE COFFEE COMPANY

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90026 031 ***150.00

Principal Place of Business

8750 - 11 GLADIOLUS DRIVE, SUITE #113
FORT MYERS FL 33908

Mailing Address

8750 - 11 GLADIOLUS DRIVE, SUITE #113
FORT MYERS FL 33908

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0718376**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRIVETTE, SHEILA C
3910 SE 20TH AVENUE
CAPE CORAL FL 33904

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

Sheila C. Trivette

Sheila C. Trivette

4/17/01

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, 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	<input type="checkbox"/> Delete
NAME	TRIVETTE, SHEILA C	
STREET ADDRESS	8750 -11 GLADIOLUS DRIVE, SUITE #113	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MURAWSKI, NATALIE	
STREET ADDRESS	8750 - 11 GLADIOLUS DRIVE, SUITE #113	
CITY-ST-ZIP	FORT MYERS FL 33908	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH BOWDEN	
STREET ADDRESS	8750 -11 Gladiolus Dr. #113	
CITY-ST-ZIP	Ft Myers, FL 33908	
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.

SIGNATURE:

Sheila C. Trivette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

4/17/01 437-4733

CR2E034 (10/00)