

2000 UNIFORM BUSINESS REPORT (UBR)

090500

DOCUMENT # P97000041687

1. Entity Name
CAY-DOMINION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 29 PM 2:06

Principal Place of Business
16450 SOUTH TAMiami TRAIL
SUITE 3
FT MYERS FL 33908

Mailing Address
16450 SOUTH TAMiami TRAIL
SUITE 3
FT MYERS FL 33908



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Post Office Box 6096
Suite, Apt. #, etc.

City & State
Fort Myers, FL

4. FEI Number 65-0803367
Applied For
 Not Applicable

Zip Country
33911 USA

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

6. Name and Address of Current Registered Agent
L.B. STEINBRINK
16450 S. TAMiami TRAIL
STE. 3-
FT. MEYERS FL 33908

7. Name and Address of New Registered Agent
Name: Michael F. Kayusa, Esq.
Street Address (P.O. Box Number is Not Acceptable):
1922 Victoria Avenue, Suite A
City: Fort Myers FL Zip Code: 33901

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]* DATE: 8/30/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P DEAN, M.A. <input checked="" type="checkbox"/> Delete 16450 S. TAMiami TRAIL STE. 3 FT. MEYERS FL 33908
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
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	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lori A. Friday Post Office Box 6096 / 750 Arpage Ct. Fort Myers, FL 33911 / Ft. Myers, FL 33918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500003432725--9 -10/19/00--01109--019 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500003432725--9 -10/19/00--01109--020 ****400.00 ****400.00
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AD

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]* DATE: 8/30/00 DAYTIME PHONE #: (941) 334-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)