

2000 UNIFORM BUSINESS REPORT (UBR)

0008277

DOCUMENT # P97000043960

1. Entity Name

CAMEO PROPERTIES, INC.

FILED

00 MAY -3 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3228-5 S.W. MARTIN DOWNS BOULEVARD
PALM CITY FL 34990

1767 SENTRY PARKWAY WEST
SUITE 200
BLUE BELL PA 19422-2219
US

2. Principal Place of Business

401 East Ocean Blvd.
Suite, Apt. #, etc.

3. Mailing Address

401 East Ocean Blvd.
Suite, Apt. #, etc.

City & State

Stuart FL

City & State

Stuart FL

4. FEI Number

65-0770584

Applied For

Not Applicable

Zip

34994

Country

USA

Zip

34994

Country

USA

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

HANSEN, E.F.

28 ST. THOMAS DRIVE

PALM BEACH GARDENS FL 33418

Name

Steven G. Vitale

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

401 East Ocean Blvd.

City

Stuart

FL

Zip Code

34994

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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	VPD	<input type="checkbox"/> Delete
NAME	VITALE, STEVEN G	
STREET ADDRESS	3228-5 S.W. MARTIN DOWNS BLVD.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, JAMES R	
STREET ADDRESS	5050 HIATUS ROAD	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HANSEN, ELMER F	
STREET ADDRESS	28 ST. THOMAS DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33404	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	401 East Ocean Blvd.	
CITY-ST-ZIP	Stuart, FL 34990	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5290 Hats Rd.	
CITY-ST-ZIP	Sunrise, FL 33351	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	512 Sweet Bay Circle	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8000003280848--9	
CITY-ST-ZIP	-06/08/00--01016--005	
	****150.00 ****150.00	
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

561-219-1003

Date

Daytime Phone #

CR2E034 (9/99)