

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90030 010 ***150.00

0124691

DOCUMENT # P97000063828

1. Entity Name
CAPITOL RESORTS OF FLORIDA, INC.

Principal Place of Business
1200 N. OCEAN BLVD.
POMPANO BEACH FL 33062
US

Mailing Address
1200 N. OCEAN BLVD.
POMPANO BEACH FL 33062
US

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

3. Mailing Address
10605 D Maumelle Blvd
 Suite, Apt. #, etc.

City & State
Maumelle, AR

Zip
72113

4. FEI Number **65-0772544**

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WALLACK, MICHAEL M ESQ
2055 WOOD STREET #215 change address ->
SARASOTA FL 34237

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
27 Fletcher Avenue
 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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEHAVEN, JOHN W		NAME		
STREET ADDRESS	10605 C. MAUMELLE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MAUMELLE AR 72113		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TODD, MICHAEL G		NAME	Ann Aldridge	
STREET ADDRESS	10605 C. MAUMELLE		STREET ADDRESS	10605 C. Maumelle Blvd	
CITY-ST-ZIP	MAUMELLE AR 72113		CITY-ST-ZIP	Maumelle, AR 72113	
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAES, DAVID R		NAME		
STREET ADDRESS	7416 TOLTEC DR.		STREET ADDRESS		
CITY-ST-ZIP	NORTH LITTLE ROCK AR 72116		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 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: David R. Paes **DAVID R. PAES** 4-19-01 501-791-1488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)