

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000064431**

1. Entity Name

**MANATEE PROPERTIES OF CAPE CORAL, INC.**

Principal Place of Business

1634 SE 47TH ST.  
#16  
CAPE CORAL FL 33904

Mailing Address

1634 SE 47TH ST.  
#16  
CAPE CORAL FL 33904

2. Principal Place of Business

4418 B DEL Prado Blvd  
B

3. Mailing Address

4418 Del Prado Blvd.  
B

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Cape Coral FLORIDA

City &amp; State

CAPE CORAL FLORIDA

Zip  
33904Country  
LeeZip  
33904Country  
LEE

6. Name and Address of Current Registered Agent

MICKULEIT, CHRISTIAN  
COLONADE CT 5380  
CAPE CORAL FL 33904

4. FEI Number 65-0804282

Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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

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

Christian Mickuleit

(NOTE: Registered Agent signature required when reinstating)

01/09/01

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 D ☐ Delete  
NAME MICKULEIT, CHRISTIAN  
STREET ADDRESS 4810 SW 25 COURT  
CITY-ST-ZIP CAPE CORAL FL 33914TITLE D ☐ Delete  
NAME MICKULEIT, CHRISTIANE  
STREET ADDRESS 4810 SW 25 COURT  
CITY-ST-ZIP CAPE CORAL FL 33914TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christian Mickuleit

Date

01/09/01 941-549-6011

Daytime Phone #

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90076 010 \*\*\*150.00

C0005991



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)