2000 UNIFORM BUSINESS REPORT (UBR)

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FILED DOCUMENT # P97000065649 Apr 13, 2000 8:00 am Secretary of State CAPTIVA ACCOMMODATIONS, INC. 04-13-2000 90011 045 ***158.75 Mailing Address Principal Place of Business 2341 PALM RIDGE RD 2341 PALM RIDGE ROAD SANIBEL FL 33957-3204 SANIBEL FL 33957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0821027 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOBE, RODNEY Street Address (P.O. Box Number is Not Acceptable) 2341 PALM RIDGE RD SANIBEL FL 33957 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Ď ☐ Change ▼ Addition 🔀 Delete TITLE LEAR, JOSEPH M NORANETTE LEAR NAME NAME 1251 ANHINGA LANE 1251 ANHINGA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SANIBEL ISLAND FL 33957 SANIBEL, FL 33957 Change ☐ Addition VPD TITLE PTD TITLE Delete JOBE, RODNEY NAME NAME STREET ADDRESS 9446 YUCCA COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANIBEL ISLAND FL 33957 Change Addition TITLE STD ☐ Delete NAME MCMENAMY, KEITH 1405 CARMELL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information on tis 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 encowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ress, with all other like empowered. i hereby certify that the information sup indicated on this report or supplementary of the corporation or the receive or truster