

2001 UNIFORM BUSINESS REPORT (UBR)

102
01086
AT

DOCUMENT # **P97000070088**

1. Entity Name
CAPRI TRAILER PARK INC.

FILED

01 JUL 12 AM 9:31

Principal Place of Business
**22 ROXBORO DRIVE
PALM COAST FL 32164**

Mailing Address
**22 ROXBORO DRIVE
PALM COAST FL 32164**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	NOT APPLICABLE	Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MAELLARO, LEONARD 22 ROXBORO DRIVE PALM COAST FL 32164		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. (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE V	<input type="checkbox"/> Delete	TITLE 300004488829-6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAELLARD, LEONARD		NAME -07/23/01-01014-004	
STREET ADDRESS 22 ROXBORO DRIVE		STREET ADDRESS ****150.00 ****150.00	
CITY-ST-ZIP PALMCOAST FL 32164		CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MALLARD, PATRICK		NAME	
STREET ADDRESS 2 RYEBURY ST		STREET ADDRESS	
CITY-ST-ZIP PALM COAST FL 32164		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAELLARD, RICHARD		NAME	
STREET ADDRESS RT 2 BOX 373		STREET ADDRESS	
CITY-ST-ZIP WYTHEVILLE VA 24382		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: **Leonard Maellaro** **LEONARD MAELLARO** 06/30/01 - 904-437-0015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment

282

07/01/01

To: Division of Corporations
U.P.R. Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

P97000070088

From: Capri Trader Park, Inc
29 Box 6000 Drive
Palm Coast, Fl. 32164

Re: Document No. P97000070088

I have received a subsequent reporting form regarding the Captured matter. A search of my records reveals that on 01/07/01 I submitted Check # 0064 of \$150.00 for the required annual payment.

However, the check has not been cashed and remains open. Obviously, you apparently did not receive this payment. Somewhere along the way, the payment was lost.

Upon receipt of my bank statement on noted there-on that the check was outstanding, but failed to follow up regarding its whereabouts.

At this time, I must apologize for my failure to properly follow thru.

Please consider my apology for this error. I enclose my check for \$150.00 along with the completed Annual Uniform Business Report.

Sincerely,
Leonard Maellaro, V