

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016161

1. Entity Name

PELICAN CAPITAL INVESTMENTS, INC.

FILED

01 MAR 30 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O DENNIS J. OLLE, ESQ.  
2601 S. BAYSHORE DR., SUITE 1600  
MIAMI FL 33133

Mailing Address

C/O DENNIS J. OLLE, ESQ.  
2601 S. BAYSHORE DR., SUITE 1600  
MIAMI FL 33133

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 65-0824903

Applied For

Not Applicable

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

A Z REGISTERED AGENT CORPORATION  
2601 S. BAYSHORE DRIVE  
SUITE 1600  
MIAMI FL 33133

Name  
DENNIS J. OLLE, ESQ.

Street Address (P.O. Box Number is Not Acceptable)  
2601 S. BAYSHORE DRIVE

SUITE 1600

City

MIAMI

FL

Zip Code

33133

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

*Dennis J. Olle*

DENNIS J. OLLE

3/22/01

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) ☒

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CC  
HARPER, ALLEN C  
1390 SOUTH DIXIE HIGHWAY  
CORAL GABLES FL 33146 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
COSSATO, LOUIS  
1390 SOUTH DIXIE HIGHWAY  
CORAL GABLES FL 33146 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
500003993105--S  
--04/11/01--01107--021  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
SHUFFIELD, RONALD A  
1390 SOUTH DIXIE HIGHWAY  
CORAL GABLES FL 33146 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MURPHY, LORETTA A CFO  
1390 SOUTH DIXIE HIGHWAY  
CORAL GABLES FL 33146 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
T8

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:

*Loretta A. Murphy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Loretta A. Murphy, Vice President 3/22/01 (305) 665-0990

Date

Daytime Phone #