

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066349

1. Entity Name

CAPE TOWN INVESTMENTS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90213 039 ***150.00

Principal Place of Business

Mailing Address

5117 CASTELLO DRIVE #1
NAPLES FL 34103

5117 CASTELLO DRIVE #1
NAPLES FL 34133-0279

2. Principal Place of Business

28000 Spanish Wells Blvd

Suite, Apt. #, etc.

200

City & State

Bonita Springs, FL

Zip

Country

34135

3. Mailing Address

P.O. Box 279

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

Country

34133



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3526634

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMBURN, JAMES W

5117 CASTELLO DRIVE #1
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

28000 Spanish Wells Blvd

Suite 200

City Bonita Springs

FL

Zip Code

34135

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)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	<input checked="" type="checkbox"/> Delete
NAME	FLEISCHNER, GERHARD	
STREET ADDRESS	5117 CASTELLO DRIVE #1	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LEISCHNER, IRIS	
STREET ADDRESS	5117 CASTELLO DR. #1	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEISCHNER, GERHARD	
STREET ADDRESS	28000 Spanish Wells Blvd - Ste 200	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	VP, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEISCHNER, IRIS	
STREET ADDRESS	28000 Spanish Wells Blvd - Ste 200	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amburn, James W	
STREET ADDRESS	28000 Spanish Wells Blvd	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (9/99)