## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT# P98000101469 1. Entity Name no Jun 30 AM 9: 14 The Crossings at Cape Coral, Inc. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 215 South Monroe Street (same) Suite 540 Tallahassee, Florida 32301 2. Principal Place of Business 3. Mailing Address 215 South Monroe Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 540 City & State 4. FEI Number Applied For Not Applicable 65-0882186 Tallahassee Coulivorida Country \$8.75 Additional 5. Certificate of Status Desired $\square$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jeffrey B. Sharkey Street Address (P.O. Box Number is Not Acceptable) 215 South Monroe Street, Suite 540 Tallahassee, Florida 32301 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (9/99) Change TITLE ☐ Delete D Jeffrey B. Sharkey NAME 800003315778-STREET ADDRESS estre**540**ess -07/07/00--01014--004 \*\*\*\*\*\*8.75 \*\*\*\*\*\*8.75 215 South Monroe Street, Suit CITY-ST-ZI CITY-ST-ZIP Tallahassee, Florida 32301 TITLE TITLE ☐ Change ☐ Delete NAME **800003315778**---07/07/00--01014--005 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*15D.80 <u>\*\*\*\*150.00</u> ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-782 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME STREET ADDRESS 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 yither like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

June 29, 2000 Davime Proce # 0) 224- 165

June 29, 2000

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

## Via Hand Delivery

Dear Sirs:

Please accept this letter as my written notification that I <u>never</u> received the *2000 Uniform Business Report* form for **The Crossing at Cape Coral, Inc.**, Corporation #P98000101469. Enclosed please find a completed 2000 Uniform Business Report form and the \$150.00 filing fee.

If you have any questions, please call me or my assistant Lina Palmer at (850)224-1660.

Thanks.

Director/and Registered Agent

JBS/lp

OO JUN 30 AM 9: 04

DEPARTMENT OF STATE
DIVISION OF CORPORATION