

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90027 001 \*\*\*550.00  
 09-12-2000 90027 002 \*\*\*\*\*8.75

**DOCUMENT # P99000020476**

1. Entity Name  
**CAPUTO LAND DEVELOPMENT, INC.**

Principal Place of Business

1219 DELEON CT.  
 PALM HARBOR FL 34683

Mailing Address

1219 DELEON CT.  
 PALM HARBOR FL 34683

20400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15551 Race Track Rd.  
 Suite, Apt. #, etc.

3. Mailing Address

15551 Race Track Rd.  
 Suite, Apt. #, etc.

City & State  
 Odessa, Florida

Zip  
 33556 - Hillsborough

City & State  
 Odessa, Florida

Zip  
 33556 - Hillsborough

4. FEI Number  
 59-355-2973

Applied For  
 Not Applicable

5. Certificate of Status Desired... **P** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NENOFF, ANNAMARIA  
 1219 DELEON CT.  
 PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name **Nenoff, Anna Maria**  
 Street Address (P.O. Box Number is Not Acceptable)  
 15551 RACETRACK RD.  
 City **ODESSA** FL Zip Code **33556**

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 *Anna Maria Nenoff*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/2/00  
 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NENOFF, JOSEPH</b> <b>1219 DELEON CT.</b> <b>PALM HARBOR FL 34683</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NENOFF, ANNAMARIA</b> <b>1219 DELEON CT.</b> <b>PALM HARBOR FL 34683</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>NENOFF, JOSEPH</b> <b>15551 RACETRACK RD.</b> <b>ODESSA, FL 33556</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NENOFF, ANNAMARIA</b> <b>15551 RACETRACK RD.</b> <b>ODESSA, FL 33556</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>DAVID ASHMORE</b> <b>39250 PRETTY POND RD.</b> <b>ZEPHYRHILLS, FL. 33540</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>RENNINGER, GARY</b> <b>4103 FLAMINGO DR.</b> <b>NEW PORT RICHEY, FL. 34662</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

9-2-00  
 Date

(813) 792-1520  
 Daytime Phone #

CR2E034 (5/00)