

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

0388178

DOCUMENT # P99000022351

1. Entity Name

CAPE CORAL PALMS DEVELOPMENT, INC.

02-13-2001 90574 028 ***158.75

Principal Place of Business

3335 S.E. 18TH PLACE
CAPE CORAL FL 33904

2311 Sagamore PL
Cape Coral, FL, 33914

Mailing Address

3335 S.E. 18TH PLACE
CAPE CORAL FL 33904

2311 Sagamore PL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

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

GALLAGHER & CO., P.A.
3501 DEL PRADO BLVD. STE. 204
CAPE CORAL FL 33904

Name **Euro-American Financial Service**

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

1505 SE 4th STREET

City **Cape Coral**

FL

Zip Code **33904**

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

Feb. 8th 2001

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 **DPST** ☐ Delete
NAME **JAUS, HILDE**
STREET ADDRESS **3335 S.E. 18TH PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☒ Change ☐ Addition
NAME **2311 Sagamore PL**
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **JAUS, LOTHAR**
STREET ADDRESS **3335 S.E. 18TH PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☒ Change ☐ Addition
NAME **2311 Sagamore PL**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 #

JAUS VP

Feb. 8th 2001

941-540-1232

CR2E034 (10/00)