## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 01, 2001 8:00 am Secretary of State DOCUMENT # P99000027495 CAPE CORAL HOLDINGS, INC. 02-01-2001 90003 031 \*\*\*150.00 Principal Place of Business Mailing Address 226 EAST JOEL BLVD 226 EAST JOEL BLVD LEHIGH FL 33972 LEHIGH FL 33972 2. Principal Place of Susiness 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0906199 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALLISON, JANET Street Address (P.O. Box Number is Not Acceptable) 226 EAST JOEL BLVD LEHIGH FL 33972 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE CRANDELL, DONNIE R NAME NAME 226 EAST JOEL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEHIGH FL 33972 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change HOLQUIST, LAURA A NAME NAME 226 EAST JOEL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEHIGH FL 33972 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change MORRIS, GREGORY M NAME STREET ADDRESS 226 EAST JOEL BLVD STREET ADDRESS CITY-ST-ZIP LEHIGH FL 33972 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NATIELLO, JOHN A NAME NAME 226 E JOEL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LEHIGH ACRES FL 33972** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition ALLISON, JANET NAME NAME 226 E JOEL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33972 CITY-ST-ZIP TAS TITLE ☐ Change ☐ Addition ☐ Delete TITLE HORVATH, MARGARET

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 life empowered.

NAME

STREET ADDRESS

CITY-ST-7IP

226 E JOEL BLVD

**LEHIGH ACRES FL 33972** 

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR