

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027528

1. Entity Name

CAPE PROPERTIES, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90074 031 \*\*\*150.00

Principal Place of Business

Mailing Address

226 EAST JOEL BOULEVARD  
LEHIGH FL 33972

226 EAST JOEL BOULEVARD  
LEHIGH FL 33972-5230

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0909145

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ALLISON, JANET  
226 EAST JOEL BOULEVARD  
LEHIGH FL 33972

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME CRANDELL, DONNIE R  
STREET ADDRESS 226 EAST JOEL BOULEVARD  
CITY-ST-ZIP LEHIGH FL 33972

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HOLQUIST, LAURA A  
STREET ADDRESS 226 EAST JOEL BOULEVARD  
CITY-ST-ZIP LEHIGH FL 33972

TITLE DV ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MORRIS, GREGORY  
STREET ADDRESS 226 EAST JOEL BOULEVARD  
CITY-ST-ZIP LEHIGH FL 33972

TITLE DP ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition  
NAME John Natiello  
STREET ADDRESS 226 E. Joel Blvd.  
CITY-ST-ZIP Lehigh, FL 33972

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VS ☐ Change ☒ Addition  
NAME Janet Allison  
STREET ADDRESS 226 E. Joel Blvd.  
CITY-ST-ZIP Lehigh, FL 33972

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TA/S ☐ Change ☒ Addition  
NAME Margaret Horvath  
STREET ADDRESS 226 E. Joel Blvd.  
CITY-ST-ZIP Lehigh, FL 33972

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:

John Natiello, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18/00

941-368-6779

Daytime Phone #

CR2E034 (9/99)