

2000 UNIFORM BUSINESS REPORT (UBR)

1/

FILED

Apr 24, 2000 8:00 am
Secretary of State

01-29-2000 90039 001 ***158.75

DOCUMENT # P99000028048

1. Entity Name

CAYO COSTA, INC.

Principal Place of Business

**1520 ROYAL PALM SQUARE BLVD. #360
FORT MYERS FL 33919**

Mailing Address

**1520 ROYAL PALM SQUARE BLVD. #360
FORT MYERS FL 33919-1053**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0905031

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLEMAN, KEVIN G ESQ.
4004 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name **BOWEN A ARNOLD**

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

1520-360 ROYAL PALM SQ Blvd.

City **FT MYERS FLA**

FL 33919

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.)

BOWEN A ARNOLD

(NOTE: Registered Agent signature required when reinstating)

DATE

01/06/00

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

TITLE **PD** ☐ Delete
NAME **MILLER, ERIC C**
STREET ADDRESS **1520 ROYAL PALM SQUARE BLVD. #360**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **VSD** ☐ Delete
NAME **ARNOLD, BOWEN A**
STREET ADDRESS **1520 ROYAL PALM SQUARE BLVD. #360**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

BOWEN A ARNOLD, VP

01/06/99

9412758029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #