

# 2000 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # P99000032174

1. Entity Name

MDG-CAPITAL PARTNERS REALTY, INC.

FILED

00 JUN 19 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

GULF COAST NATIONAL BANK BLDG.  
3838 N TAMiami TRAIL SUITE 414  
NAPLES FL 34103

GULF COAST NATIONAL BANK BLDG.  
3838 N TAMiami TRAIL SUITE 414  
NAPLES FL 34103-3586

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

KLOHN, WUKKUAN K  
3838 N TAMiami TRAIL  
SUITE 414  
NAPLES FL 34103

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 reappointing)

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 ☐ Delete  
NAME **D KLOHN, WILLIAM L**  
STREET ADDRESS **3838 N TAMiami TRAIL SUITE 414**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☐ Addition  
NAME **500003314245--1**  
STREET ADDRESS **-07/06/00--01008--006**  
CITY-ST-ZIP **\*\*\*1200.00 \*\*\*\*150.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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

4/17/00

Date

941-262-5533

Daytime Phone #

2062

June 16, 2000

Florida Department of Revenue  
Division of Corporations  
Attn: Leslie Sellers  
PO Box 6327  
Tallahassee, Florida 32314

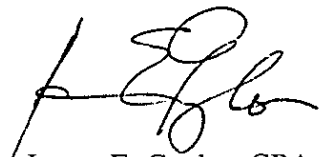
Re: Lost Annual Reports

Dear Ms. Sellers:

Pursuant to our telephone conversation yesterday, I am enclosing copies of the eight 2000 Uniform Business Reports and a replacement check for the fee. To refresh your memory, I spoke to you about the problem that became apparent when I discovered that the eight original checks (dated April 14, 2000) used to pay the fees were still outstanding and are apparently lost.

Thank you for your help and understanding in this matter.

Yours truly



James E. Gaylor, CPA  
Chief Financial Officer

enclosures

**BRANCH LOCATIONS**