

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90012 003 ***150.00

DOCUMENT # P99000045173

1. Entity Name
CAPITAL PARTNERS, INC.

Principal Place of Business

**ONE INDEPENDENT DRIVE
 SUITE 200
 JACKSONVILLE FL 32202**

Mailing Address

**ONE INDEPENDENT DRIVE
 SUITE 200
 JACKSONVILLE FL 32202**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

One Independent Drive

Suite, Apt. #, etc.

Suite 114

City & State

Jacksonville, FL

Zip

32202

Country

USA

3. Mailing Address

One Independent Dr.

Suite, Apt. #, etc.

Suite 114

City & State

Jacksonville, FL

Zip

32202

Country

USA

4. FEI Number

59-3583790

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**EVANS, WILLIAM G
 ONE INDEPENDENT DRIVE
 SUITE 200/114
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

Evans William G.

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

One Independent Drive

Suite 114

City

Jacksonville

FL

Zip Code

32202

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

William G. Evans
 Signature, typed or printed name of registered agent and title if applicable.

William G. Evans, VP

4/29/02

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, 2002 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 **VPAS** ☒ Delete
 NAME **TOOMEY, RICHARD J**
 STREET ADDRESS **5076 SUNSET CT.**
 CITY-ST-ZIP **WINDEMERE FL 34786**

TITLE **P** ☐ Delete
 NAME **HEISTAND, JAMES R**
 STREET ADDRESS **512 E WASHINGTON ST, STE 200**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **VPT** ☐ Delete
 NAME **EVANS, WILLIAM G**
 STREET ADDRESS **ONE INDEPENDENT DR, STE 200**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **S** ☐ Delete
 NAME **CHALKER, MARGARET R**
 STREET ADDRESS **ONE INDEPENDENT DR, STE 200**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

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 **Vice President** ☒ Change ☐ Addition
 NAME **Evans, William G.**
 STREET ADDRESS **One Independent Drive, Ste 114**
 CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE **Secretary** ☒ Change ☐ Addition
 NAME **Chalker, Margaret R**
 STREET ADDRESS **One Independent Dr, Suite 114**
 CITY-ST-ZIP **Jacksonville, FL 32202**

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

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 an other like empowered.

SIGNATURE:

William G. Evans
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William G. Evans

4/29/02 (904) 356-1978
 Date Daytime Phone #

CR2E034 (9/01)