

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088724

1. Entity Name

CAPRI C, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90134 033 \*\*\*150.00

Principal Place of Business

345 MEADOWLARK COURT  
MARCO ISLAND FL 34145

Mailing Address

345 MEADOWLARK COURT  
MARCO ISLAND FL 34145-3851

2. Principal Place of Business

322 CAPRI BLVD

Suite, Apt. #, etc.

3. Mailing Address

322 CAPRI BLVD

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

65-0956451

Applied For

Not Applicable

Zip

34113

Country

USA

Zip

34113

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSS, DONALD K JR.  
2640 GOLDEN GATE PARKWAY  
SUITE 206  
NAPLES FL 34105

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CASTELLANO, MICHAEL G	
STREET ADDRESS	345 MEADOWLARK COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLANO MICHAEL G	
STREET ADDRESS	146 ELM ST	
CITY-ST-ZIP	STONEHAM MA 02180	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIRO GALENO	
STREET ADDRESS	161 SHOTWELL AVE	
CITY-ST-ZIP	STATEN ISLAND NY 10312	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL CASTELLANO	
STREET ADDRESS	345 MEADOWLARK CT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael G Castellano  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

941-394-5358

Date

Daytime Phone #

CR2E034 (9/99)