

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098330

1. Entity Name  
THE CADDIE OPEN COMPANY

Principal Place of Business  
4828 KLOSTERMAN OAKS BOULEVARD  
PALM HARBOR FL 34683

Mailing Address  
4828 KLOSTERMAN OAKS BOULEVARD  
PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

4. Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. City & State

City & State

6. Zip

Country

Zip

Country

4. FEI Number 59-3608131

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 PSTD  
NAME BERNIER, ARTHUR M  
STREET ADDRESS 4828 KLOSTERMAN OAKS BOULEVARD  
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

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

TITLE V  
NAME BERNIER, HOWARD A  
STREET ADDRESS 4828 KLOSTERMAN OAKS BOULEVARD  
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 all other like empowered.

SIGNATURE:

*Signature of Howard A. Bernier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-18-2001 90013 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0101378 AV

CR2E034 (5/01)

September 10, 2001 727-932-0564