

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P99000104535

1. Entity Name

CAPSTONE LENDING & INVESTMENT, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90014 049 \*\*\*150.00

Principal Place of Business

707 SOUTH PALM AVE.  
HOWEY-IN-THE-HILLS FL 34737

Mailing Address

707 SOUTH PALM AVE.  
HOWEY-IN-THE-HILLS FL 34737

2. Principal Place of Business

207 WEST NORTH BLVD.

Suite, Apt. #, etc.

3. Mailing Address

207 WEST NORTH BLVD.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LEESBORO, FLORIDA

Zip

34748

Country

USA

City & State

LEESBORO, FL

Zip

34748

Country

4. FEI Number

59-3611258

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WORRELL, JENNIFER S  
707 SOUTH PALM AVE.  
HOWEY-IN-THE-HILLS FL 34737

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: President  
NAME: Jennifer S. Worrell  
STREET ADDRESS: 707 S. Palm Ave  
CITY-ST-ZIP: HOWEY IN THE HILLS, FL 34737

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change

☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change

☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change

☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change

☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change

☐ Addition

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

2/3/00

Daytime Phone #

CR2E034 (9/99)