

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90003 002 ***150.00

0394319

DOCUMENT # P99000106279

1. Entity Name
CAPE TOWN DEVELOPMENTS, INC.

Principal Place of Business
C/O BOND, SCHOENECK, ET. AL.
4001 TAMIAMI TRAIL NORTH #404
NAPLES FL 34103

Mailing Address
C/O BOND, SCHOENECK, ET. AL.
4001 TAMIAMI TRAIL NORTH #404
NAPLES FL 34103



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1400 Gulf Shore Blvd. N.

3. Mailing Address
P.O. Box 1122

Suite, Apt. #, etc.
Suite 121B

Suite, Apt. #, etc.

City & State
Naples, Florida

City & State
Naples, Florida

4. FEI Number **59-3616857**

Applied For
 Not Applicable

Zip
34102

Country
U.S.A.

Zip
34106-1122

Country
U.S.A.

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

SEXTON, DAVID N
C/O BOND, SCHOENECK, ET. AL.
4001 TAMIAMI TRAIL NORTH #404
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 _____ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PVST SEXTON, DAVID N C/O 4001 TAMIAMI TRAIL NORTH #404 NAPLES FL 34103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEXTON, DAVID N C/O 4001 TAMIAMI TRAIL NORTH #404 NAPLES FL 34103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D G. Donald Love 1400 Gulf Shore Blvd. N., Suite 121 Naples, Florida 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive V/D Joseph Buch 1400 Gulf Shore Blvd. N., Suite 121B Naples, Florida 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Penelope-Lupton-Love 1400 Gulf Shore Blvd. N., Suite 121B Naples, Florida 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D David N. Sexton 4001 Tamiami Trail N., Suite 404 Naples, Florida 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: G. Donald Love, President **2/20/01** (941) 213-0056
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

WILLIAM L. OWENS
voice mail ext. 144
owensw@bsk.com

927749
Attachment
P99000106279

March 5, 2001

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: *Cape Town Developments, Inc.*
Uniform Business Report (UBR)
Document # P99000106279

Dear Madam/Sir:

Enclosed please find the 2001 Uniform Business Report ("UBR") of Cape Town Developments, Inc., a Florida corporation. We have enclosed a check in the amount of \$150.00 to cover the applicable filing fees. Please file the UBR.

As soon as the document is filed, please forward a copy of the filed UBR and all other documentation confirming and relating to this filing to our office. We have enclosed a copy of the UBR for your convenience.

We appreciate your assistance in this matter. If you have any questions, please feel free to contact our office.

Very truly yours,

BOND, SCHOENECK & KING, P.A.



William L. Owens

WLO/acb
Enclosures

cc: client (w/ enc.)

BOND,
SCHOENECK
& KING, P.A.
Attorneys at Law

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