

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

Zip

34102

Country

U.S.A.

Zip

34106-1122

Country

U.S.A.

4. FEI Number

59-3616857

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEXTON, DAVID N
C/O BOND, SCHOENECK, ET. AL.
4001 TAMiami TRAIL NORTH #404
NAPLES FL 34103

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, 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

TITLE	PVST	<input checked="" type="checkbox"/> Delete
NAME	SEXTON, DAVID N	
STREET ADDRESS	C/O 4001 TAMiami TRAIL NORTH #404	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEXTON, DAVID N	
STREET ADDRESS	C/O 4001 TAMiami TRAIL NORTH #404	
CITY-ST-ZIP	NAPLES FL 34103	
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/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G. Donald Love	
STREET ADDRESS	1400 Gulf Shore Blvd. N., Suite 121	
CITY-ST-ZIP	Naples, Florida 34102	
TITLE	Executive V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Buch	
STREET ADDRESS	1400 Gulf Shore Blvd. N., Suite 121B	
CITY-ST-ZIP	Naples, Florida 34102	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Penelope-Lupton-Love	
STREET ADDRESS	1400 Gulf Shore Blvd. N., Suite 121B	
CITY-ST-ZIP	Naples, Florida 34102	
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David N. Sexton	
STREET ADDRESS	4001 Tamiami Trail N., Suite 404	
CITY-ST-ZIP	Naples, Florida 34103	
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:

G. Donald Love

, President

2/20/01

(941) 213-0056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

03-08-2001 90003 002 ***150.00



DO NOT WRITE IN THIS SPACE

0394319

CR2E034 (10/00)

**BOND,
SCHOENECK
& KING, P.A.**

Attorneys at Law

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Bonita Springs, FL

Bond, Schoeneck & King, LLP
Albany, NY
Buffalo, NY
Oswego, NY
Syracuse, NY
Overland Park, KS

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

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.)

