

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90087 004 ***150.00

DOCUMENT # P99000106279

1. Entity Name
CAPE TOWN DEVELOPMENTS, INC.

Principal Place of Business

**1400 GULF SHORE BLVD. N
 SUITE 121B
 NAPLES FL 34102**

Mailing Address

**P.O. BOX 1122
 NAPLES FL 34106-1102**



2. Principal Place of Business

1400 Gulf Shore Blvd N

3. Mailing Address

Suite, Apt. #, etc.

107A

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

4. FEI Number

59-3616857

Applied For

Not Applicable

Zip

34102

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

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, 2002 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 **PD** ☐ Delete
 NAME **LOVE, G. DONALD**
 STREET ADDRESS **1400 GULF SHORE BLVD. N., SUITE 121B**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE **STD** ☐ Delete
 NAME **SEXTON, DAVID N**
 STREET ADDRESS **4001 TAMIAMI TRAIL N., SUITE 404**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **EVD** ☒ Delete
 NAME **BUCH, JOSEPH**
 STREET ADDRESS **1400 GULF SHORE BLVD. N., SUITE 121B**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE **VD** ☐ Delete
 NAME **LOVE, PENELOPE L**
 STREET ADDRESS **1400 GULF SHORE BLVD. N., SUITE 121B**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/C** ☒ Change ☒ Addition
 NAME **Suite 107A.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☒ Change ☒ Addition
 NAME **Suite 107A.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
 NAME **Robert J Sullivan**
 STREET ADDRESS **1400 Gulf Shore Blvd N, Ste 107A**
 CITY-ST-ZIP **Naples, FL 34102**

TITLE ☐ Change ☒ Addition
 NAME **Jenny Rees-Anderson**
 STREET ADDRESS **1400 Gulf Shore Blvd. N., Ste 107A**
 CITY-ST-ZIP **Naples, FL 34102**

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: **X [Signature]** **REQUIRE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K 4/29/02 941-430-0042

CR2E034 (9/01)