

AR01 (ef)

Annual Return



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Company Name:

CAPSTONE FOSTER CARE (SOUTH EAST) LIMITED

Company Number:

04486203

Date of this return:

23/02/2016

SIC codes:

88990

Company Type:

Private company limited by shares

Situation of Registered

Office:

BEECH HOUSE WOOTTON ST LAWRENCE

BASINGSTOKE

HAMPSHIRE

RG23 8PE

Officers of the company

Company Secretary	1
Type:	Person
Full forename(s):	MR RICHARD JAMES
Surname:	COMPTON BURNETT
Former names:	
Service Address:	WOOTTON CHASE WOOTTON ST LAWRENCE
	BASINGSTOKE
	HAMPSHIRE
	RG23 8PE

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Person
MR RICHARD JAMES
COMPTON BURNETT
WOOTTON CHASE WOOTTON ST LAWRENCE BASINGSTOKE HAMPSHIRE RG23 8PE

Country/State Usually Resident: ENGLAND

Date of Birth: **/07/1961 Nationality: BRITISH

Occupation: DIRECTOR

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Person
MR SIMON JOHN
CONSTANTINE
LOWER FARMHOUSE
IBWORTH
TADLEY
HAMPSHIRE RG26 5TJ

Country/State Usually Resident: ENGLAND

Date of Birth: **/02/1959 Nationality: BRITISH

Occupation: DIRECTOR

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Company Director 3

Type: Person

Full forename(s): MRS ALISON

Surname: SARGENT

Former names: CURRIE

Service Address: BEECH HOUSE WOOTTON ST LAWRENCE

BASINGSTOKE HAMPSHIRE RG23 8PE

Country/State Usually Resident: UNITED KINGDOM

Date of Birth: **/04/1963 Nationality: UK

Occupation: NONE

Statement of Capital (Share Capital)

Class of shares	ORDINARY A	Number allotted	450
Currency	GBP	Aggregate nominal value	450
		Amount paid per share	450
		Amount unpaid per share	U

Prescribed particulars

ON A SHOW OF HANDS EVERY MEMBER PRESENT IN PERSON SHALL HAVE ONE VOTE AND ON A POLL EVERY MEMBER SHALL HAVE ONE VOTE FOR EACH SHARE OF WHICH HE IS THE HOLDER. THE DIRECTORS MAY RECOMMEND A DIVIDEND IN RESPECT OF ONE OR MORE CLASSES OF SHARES TO THE EXCLUSION OF THE OTHER CLASSES, OR IN RESPECT OF ALL CLASSES OF SHARES. IF A DIVIDEND IS DECLARED IN FAVOUR OF THE A SHAREHOLDERS THEN THE DIVIDEND SHALL BE DISTRIBUTED AMONGST THE A SHAREHOLDERS IN PROPORTION TO THE PAID UP NOMINAL AMOUNTS ON THE A SHARES RESPECTIVELY HELD BY THEM. ON A RETURN OF CAPITAL ON LIQUIDATION OR OTHERWISE THE SURPLUS ASSETS OF THE COMPANY REMAINING AFTER PAYMENT OF ITS LIABILITIES SHALL BE PAID TO THE SHAREHOLDERS PARI PASSU AS IF THE A SHARES AND B SHARES WERE ONE CLASS OF SHARES IN PROPORTION TO THE PAID UP NOMINAL AMOUNTS ON THE SHARES RESPECTIVELY HELD BY THEM. THE A SHARES HAVE NO RIGHT OF REDEMPTION EITHER AT THE OPTION OF THE COMPANY OR OF THE HOLDER THEREOF.

Class of shares	ORDINARY B	Number allotted	150
Currency		Aggregate nominal value	150
	GBP	Amount paid per share	150
		Amount unpaid per share	0

Prescribed particulars

ON A SHOW OF HANDS EVERY MEMBER PRESENT IN PERSON SHALL HAVE ONE VOTE AND ON A POLL EVERY MEMBER SHALL HAVE ONE VOTE FOR EACH SHARE OF WHICH HE IS THE HOLDER. THE DIRECTORS MAY RECOMMEND A DIVIDEND IN RESPECT OF ONE OR MORE CLASSES OF SHARES TO THE EXCLUSION OF THE OTHER CLASSES, OR IN RESPECT OF ALL CLASSES OF SHARES. IF A DIVIDEND IS DECLARED IN FAVOUR OF THE B SHAREHOLDERS THEN THE DIVIDEND SHALL BE DISTRIBUTED AMONGST THE B SHAREHOLDERS IN PROPORTION TO THE PAID UP NOMINAL AMOUNTS ON THE B SHARES RESPECTIVELY HELD BY THEM. ON A RETURN OF CAPITAL ON LIQUIDATION OR OTHERWISE THE SURPLUS ASSETS OF THE COMPANY REMAINING AFTER PAYMENT OF ITS LIABILITIES SHALL BE PAID TO THE SHAREHOLDERS PARI PASSU AS IF THE A SHARES AND B SHARES WERE ONE CLASS OF SHARES IN PROPORTION TO THE PAID UP NOMINAL AMOUNTS ON THE SHARES RESPECTIVELY HELD BY THEM. THE B SHARES HAVE NO RIGHT OF REDEMPTION EITHER AT THE OPTION OF THE COMPANY OR OF THE HOLDER THEREOF.

Statement of Capital (Totals)

Currency	GBP	Total number of shares	600
		Total aggregate nominal value	600

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 23/02/2016 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for the company are shown below

Shareholding 1 : 450 ORDINARY A shares held as at the date of this return

Name: CAPSTONE FOSTER CARE LIMITED

Shareholding 2 : 150 ORDINARY B shares held as at the date of this return

Name: CAPSTONE FOSTER CARE LIMITED

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.