

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90218 040 \*\*\*\*61.25

**DOCUMENT # 752920**

1. Entity Name

**CAPE CORAL HISTORICAL SOCIETY, INC.**

Principal Place of Business  
**544 CULTURAL PARK BLVD**  
**CAPE CORAL FL 33990-1212**

Mailing Address  
**544 CULTURAL PARK BLVD**  
**CAPE CORAL FL 33990-1212**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2298202**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CLIFFORD HERDMAN**  
**412 SW 35TH STREET**  
**CAPE CORAL FL 33914**

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 \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE **V**  Delete  
 NAME **HAAS, RAYMOND**  
 STREET ADDRESS **2440 S.E. 28TH ST**  
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **P**  Delete  
 NAME **SMITH, BRUCE**  
 STREET ADDRESS **919 SE 26TH TERRANCE**  
 CITY-ST-ZIP **CAPE CORAL FL**

TITLE **T**  Delete  
 NAME **HERDMAN, CLIFFORD**  
 STREET ADDRESS **412 SW 35TH STREET**  
 CITY-ST-ZIP **CAPE CORAL FL**

TITLE **D**  Delete  
 NAME **HEIM, CAROL**  
 STREET ADDRESS **UNIT 5-5103 SUNNYBROOK CT**  
 CITY-ST-ZIP **CAPE CORAL FL**

TITLE **D**  Delete  
 NAME **HAYES, VIRGINIA**  
 STREET ADDRESS **2211 ACADEMY BLVD**  
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **D**  Delete  
 NAME **BUSCEMI, ANTHONY**  
 STREET ADDRESS **2029 N.E. 13TH AVE**  
 CITY-ST-ZIP **CAPE CORAL, FL 33914 33909**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V**  Change  Addition  
 NAME **GELLER MARGARET**  
 STREET ADDRESS **401 SE 19TH PLACE - #2**  
 CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **P**  Change  Addition  
 NAME **CLIFFORD, RICHARD**  
 STREET ADDRESS **3331 SE 8TH PLACE**  
 CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Clifford A. Herdman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2000 (941)540-7552  
 Date Daytime Phone #

CR2E037 (9/99)