

2001 UNIFORM-BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90075 009 ****61.25

DOCUMENT # 753965

1. Entity Name

CAPE CORAL R/SEA HAWKS, INC.

Principal Place of Business

Mailing Address

960 WINSORE RD
 FORT MYERS FL 33903
 US

960 WINSORE RD
 FORT MYERS FL 33903
 US

UUU18544



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

614 PLAZA DEL SOL **614 PLAZA DEL SOL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. FT. MYERS, FL

N. FT. MYERS, FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

339017 **US**

339017 **US**

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

GALYON, JAY K
 960 WINSOME RD.
 FORT MYERS FL 33903

Name **SZCZEPANSKI, ROBERT M.**

Street Address (P.O. Box Number is Not Acceptable)

614 PLAZA DEL SOL

City

N. FT. MYERS

FL

Zip Code

339017

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

ROBERT M. SZCZEPANSKI - SECRETARY **Robert M. Szczepanski** **1/24/01**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOFER, BILL	
STREET ADDRESS	5251 SELBY DR.	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COURTE, MITCH	
STREET ADDRESS	15050 LAKESIDE VIEW DR.	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, LARRY	
STREET ADDRESS	16500 SLATER RD	
CITY-ST-ZIP	FT. MYERS FL 33917	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GALYON, JAY K	
STREET ADDRESS	960 WINSOME RD.	
CITY-ST-ZIP	FORT MYERS FL 33903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAGNER, GENE	
STREET ADDRESS	1439 53RD LANE	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHRAGER, ELDRED	
STREET ADDRESS	430 LAKE BREEZE DR #513	
CITY-ST-ZIP	FT. MYERS, FL 33907	
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SZCZEPANSKI, ROBERT M.	
STREET ADDRESS	614 PLAZA DEL SOL	
CITY-ST-ZIP	N. FT. MYERS, FL 33907	
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		

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: **ROBERT M. SZCZEPANSKI** **Robert M. Szczepanski** **1/24/01** **941-995-5076**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)