

2000 UNIFORM BUSINESS REPORT (UBR)

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

Zip

Country

Zip

Country

4. FEI Number

59-2298202

Applied For

Not Applicable

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

CLIFFORD HERDMAN
412 SW 35TH STREET
CAPE CORAL FL 33914

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE V ☐ Change ☒ Addition
NAME GELLER MARGARET
STREET ADDRESS 401 SE 19TH PLACE - #2
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 P ☐ Change ☒ Addition
NAME CLIFFORD, RICHARD
STREET ADDRESS 3331 SE 8TH PLACE
CITY-ST-ZIP CAPE CORAL, FL 33904

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

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

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

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

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

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

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

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 C. Herdman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E037 (9/99)