

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90131 036 ****61.25

DOCUMENT # N30481

1. Entity Name

CHAMBER OF COMMERCE OF CAPE CORAL, INC.



Principal Place of Business

**2051 CAPE CORAL PKWY.
CAPE CORAL FL 33904
US**

Mailing Address

**PO BOX 100747
CAPE CORAL FL 33910
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0120687**

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

**QUAINANCE, MICHAEL D
2051 CAPE CORAL PKWY
CAPE CORAL FL 33904**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **AUBUCHON, GARY**
STREET ADDRESS **4724-A VINCENES**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **DCE** ☐ Change ☒ Addition
NAME **JACK GLARROW**
STREET ADDRESS **2510 Del Prado Blvd**
CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE **D** ☒ Delete
NAME **SPIRO, CHRISTOPHER**
STREET ADDRESS **6296 CORPORATE CT STE B202**
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **DT** ☐ Change ☒ Addition
NAME **WAYNE KIRKWOOD**
STREET ADDRESS **1018 SE 12TH COURT**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE **DC** ☐ Delete
NAME **OSTROWSKY, KEVIN**
STREET ADDRESS **1227 S. DEL PRADO BLVD**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **D** ☒ Change ☐ Addition
NAME **OSTROWSKY, KEVIN**
STREET ADDRESS **1227 S. DEL PRADO BLVD**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE **DT** ☐ Delete
NAME **HAUCK, TIM**
STREET ADDRESS **1306 LAFAYETTE ST**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **D** ☒ Change ☐ Addition
NAME **HAUCK, TIM**
STREET ADDRESS **1306 LAFAYETTE ST.**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **D** ☐ Delete
NAME **SHIPP, TOM**
STREET ADDRESS **4223 S DEL PRADO BLVD**
CITY-ST-ZIP **CAPE CORAL FL 33904**

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

TITLE **DCE** ☐ Delete
NAME **SCHNELL, DON**
STREET ADDRESS **455 CAPE CORAL PKWY**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **DC** ☒ Change ☐ Addition
NAME **Schnell, Don**
STREET ADDRESS **455 CAPE CORAL PKWY.**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

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:

Michael D Quainance

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/2003 (289) 549-6900

Date Daytime Phone #

CR2E037 (10/02)