

2000 UNIFORM BUSINESS REPORT (UBR)

2

DOCUMENT # 506608

1. Entity Name

CAPE CORAL MULTIPLE LISTING SERVICE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

02-20-2000 90049 005 ***150.00

Principal Place of Business

918 SE 46TH LANE
CAPE CORAL FL 33904-8844

Mailing Address

918 SE 46TH LANE
CAPE CORAL FL 33904-8844

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1713156

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

MASON, KAREN M.
918 SE 46TH LANE
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ELLISON, WILLIAM	
STREET ADDRESS	352 DEL PRADO BLVD.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	PD	<input type="checkbox"/> Delete
NAME	INTERBARTOLO, JOSEPH	
STREET ADDRESS	4040 DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PIERCE, ILAMARIE	
STREET ADDRESS	4226 DEK PRADO BLVD.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	SORENSEN, CATHY	
STREET ADDRESS	4306 DEL PRADO BLVD.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRADEN, BERNICE	
STREET ADDRESS	4818 CAPE CORAL ST	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEISLER, DONALD	
STREET ADDRESS	808 S.E. 46TH LANE	
CITY-ST-ZIP	CAPE CORAL FL 33904	

TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Mikusek	
STREET ADDRESS	3512 Del Prado Blvd.	
CITY-ST-ZIP	Cape Coral, Fl. 33904	
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		
TITLE	PD	<input checked="" 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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen M. Mason *Karen M. Mason Assoc. Corp.* 2-11-00 94-542-6209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-23-00

Daytime Phone #

WILLIAM J. ELLISON

CR2E034 (9/99)