

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

0480794 AV

DOCUMENT # 506608

1. Entity Name

CAPE CORAL MULTIPLE LISTING SERVICE, INC.

02-08-2002 90012 045 ***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

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

**MASON, KAREN M.
 918 SE 46TH LANE
 CAPE CORAL FL 33904**

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

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, 2002 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

TITLE ☒ Delete
 NAME **P**
ELLISON, WILLIAM
 STREET ADDRESS **352 DEL PRADO BLVD.**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete
 NAME **SE**
MIKUSEK, KENNETH
 STREET ADDRESS **3512 DEL PRADO BLVD**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete
 NAME **TD**
PIERCE, ILAMARIE
 STREET ADDRESS **4226 DEK PRADO BLVD.**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete
 NAME **D**
SORENSEN, CATHY
 STREET ADDRESS **4306 DEL PRADO BLVD.**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☒ Delete
 NAME **D**
BRADEN, BERNICE
 STREET ADDRESS **4818 CAPE CORAL ST**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete
 NAME **D**
HEISLER, DONALD
 STREET ADDRESS **808 S.E. 46TH LANE**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **President**
Redecker, James
 STREET ADDRESS **4226 Del Prado Blvd.**
 CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE ☐ Change ☒ Addition
 NAME **President Elect**
Lee, Thomas
 STREET ADDRESS **831 Cape Coral Pkwy.**
 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

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-02 941-542-6209

CR2E034 (9/01)