

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706161

Entity Name

CAPE CORAL CIVIC ASSOCIATION INC

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90165 046 ****70.00

Principal Place of Business

30 SE 19TH AVE
CAPE CORAL FL 33904

Mailing Address

2630 SE 19TH AVE
CAPE CORAL FL 33904
US

Principal Place of Business

2613 EVEREST PKWY
Suite, Apt. #, etc.

3. Mailing Address

2613 EVEREST PKWY
Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

4. FEI Number

23-7241979

☒ Applied For

☐ Not Applicable

Zip

33904

Country

Lee

Zip

33904

Country

Lee

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARISI, GRAIL

2613 EVEREST PKWY
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name Grail Marisi

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

2613 EVEREST PKWY

City Cape Coral

FL

Zip Code

33904

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

Grail Marisi

Grail Marisi

2-6-02

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

OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MEREDITH, LINDA MARIE	
STREET ADDRESS	2630 SE 19TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STEINBERG, ED	
STREET ADDRESS	2613 EVEREST PKWY.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARISI, GRAIL	
STREET ADDRESS	2613 EVEREST PKWY	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLSTON, RAY	
STREET ADDRESS	4718 SE 5TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEPERA, RALPH	
STREET ADDRESS	2007 SE 10TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROSSO, SAL	
STREET ADDRESS	1251 SE 21ST ST	
CITY-ST-ZIP	CAPE CORAL FL 33990	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ed STEINBERG	
STREET ADDRESS	2613 EVEREST PKWY	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Billie Hickey	
STREET ADDRESS	1201 SE 24TH STREET	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arthur Vitale	
STREET ADDRESS	5613 Merlyn Ln-	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2. 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:

Grail Marisi Grail Marisi 2-6-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-
458-2939

CR2E037 (9/01)