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

FILED
Jan 30, 2003 8:00 am
Secretary of State
01-13-2003 90113 009 ****61.25

55003700

DOCUMENT # 706161

1. Entity Name
CAPE CORAL CIVIC ASSOCIATION INC

Principal Place of Business	Mailing Address
2613 EVEREST PKWY CAPE CORAL FL 33904 US	2613 EVEREST PKWY CAPE CORAL FL 33904 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2613 EVEREST PKWY Suite, Apt. #, etc.	2613 EVEREST PKWY Suite, Apt. #, etc.
City & State: Cape Coral FL	City & State: Cape Coral FL
Zip: 33904 Country: USA	Zip: 33904 Country: USA

4. FEI Number APPLIED FOR ☑ Applied For ☐ Not Applicable

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
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: Grail Marisi Trees GRAIL MARISI 1-9-03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P ED, STEINBERG 2613 EVEREST PKWY CAPE CORAL FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RILLIE, HICKEY 1201 SE 24TH STREET CAPE CORAL FL 33990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~Lucibello~~ Lucibello, Anthony 802 E. ELDORADO PKWY Cape Coral FL 33904 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARISI, GRAIL 2613 EVEREST PKWY CAPE CORAL FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Claire, Lucibello 802 E. Eldorado PKWY Cape Coral, FL 33904 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLSTON, RAY 4718 SE 5TH AVE CAPE CORAL FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Roberto, Nicholas 3421 S.E. 10 AVE CAPE Coral, FL 33904 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARTHUR, VITALE 5613 MERLYN LN CAPE CORAL FL 33914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Roberto, Elizabeth 3421 SE 10 AVE CAPE Coral, FL 33904 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GROSSO, SAL 1251 SE 21ST ST CAPE CORAL FL 33990	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Grosso, Sal 1251 SE 21 ST. Cape Coral, FL 33990 ☑ Change ☐ Addition

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: Grail Marisi Trees Grail Marisi 1-9-03 239-458-2939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/02)

Attachment 55003700

Form **SS-4**
(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ **See separate instructions for each line.** ▶ **Keep a copy for your records.**

EIN 54-2091719

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
Cape Coral Civic Assoc. Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
Grail Marisi

4a Mailing address (room, apt., suite no. and street, or P.O. box)
2613 Everest Pkwy

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
Cape Coral, Fl 33904

5b City, state, and ZIP code

6 County and state where principal business is located
Lee County Fl.

7a Name of principal officer, general partner, grantor, owner, or trustor
Grail Marisi Treas.

7b SSN, ITIN, or EIN
54-2091719

8a **Type of entity** (check only one box)

- ☐ Sole proprietor (SSN) _____
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶ _____
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ _____
- ☑ Other (specify) ▶ Civic organization
- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator (SSN) _____
- ☐ Trust (SSN of grantor) _____
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated | State | Foreign country

9 **Reason for applying** (check only one box)

- ☐ Started new business (specify type) ▶ _____
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☑ Other (specify) ▶ Told To Apply
- ☐ Banking purpose (specify purpose) ▶ _____
- ☐ Changed type of organization (specify new type) ▶ _____
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ _____
- ☐ Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year)
September 1963

11 Closing month of accounting year
December

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶ NA

13 Highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter "-0-."* ▶

Agricultural	Household	Other
		-

14 Check one box that best describes the principal activity of your business.

- ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Accommodation & food service ☐ Wholesale–agent/broker ☐ Wholesale–other ☐ Retail
- ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☑ Other (specify) Disperse information to citizens

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
NA

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☑ No
Note: *If "Yes," please complete lines 16b and 16c.* NA

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ NA Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
NA		

Third Party Designee

Complete this section **only** if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name	Designee's telephone number (include area code)
	( )
Address and ZIP code	Designee's fax number (include area code)
	( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Applicant's telephone number (include area code)
(239) 458-2939

Name and title (type or print clearly) ▶ Grail Marisi

Applicant's fax number (include area code)
( )

Signature ▶ Grail Marisi Date ▶ 1-26-03