

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90080 048 \*\*\*\*61.25

**DOCUMENT # 709529**

1. Entity Name

**CAPE CORAL RETIRED CITIZENS, INC.**

Principal Place of Business

**5819 DRIFTWOOD PKWY  
CAPE CORAL FL 33904**

Mailing Address

**5819 DRIFTWOOD PKWY  
CAPE CORAL FLA 33904-5963**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**23-7229224**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LLOYD, THELMA  
4907 SW 2ND PLACE  
CAPE CORAL FL 33914**

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

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **LATWINSKI, EDWARD**  
STREET ADDRESS **2801 SE 17TH PLACE**  
CITY-ST-ZIP **CAPE CORAL FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VP** ☐ Delete  
NAME **PATTERSON, JOAN**  
STREET ADDRESS **5920 SW 1ST CT**  
CITY-ST-ZIP **CAPE CORAL FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **DT** ☐ Delete  
NAME **LLOYD, THELMA**  
STREET ADDRESS **4907 SW 2ND PLACE**  
CITY-ST-ZIP **CAPE CORAL FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **AT** ☐ Delete  
NAME **WARKENTIN, RUTH**  
STREET ADDRESS **2516 SE 22ND AVENUE**  
CITY-ST-ZIP **CAPE CORAL FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **DVP** ☐ Delete  
NAME **RANDALL, MARGE**  
STREET ADDRESS **2019 SE 10TH LANE**  
CITY-ST-ZIP **CAPE CORAL FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **S** ☐ Delete  
NAME **NEIPRIS, HARRIET**  
STREET ADDRESS **4906 VICTORIA DR #112**  
CITY-ST-ZIP **CAPE CORAL FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Thelma Lloyd*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2000

Date

Daytime Phone #