

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709529

1. Entity Name

CAPE CORAL RETIRED CITIZENS, INC.

FILED
Aug 16, 2001 8:00 am
Secretary of State

05-16-2001 90026 019 ****61.25

0013132

Principal Place of Business

Mailing Address

5819 DRIFTWOOD PKWY
 CAPE CORAL FL 33904

5819 DRIFTWOOD PKWY
 CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & 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
After September 12, 2001, min. will be \$236.25

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**
 NAME **LATWINSKI, EDWARD**
 STREET ADDRESS **2801 SE 17TH PLACE**
 CITY-ST-ZIP **CAPE CORAL FL**

☒ Delete

TITLE **VP**
 NAME **PATTERSON, JOAN**
 STREET ADDRESS **5920 SW 1ST CT**
 CITY-ST-ZIP **CAPE CORAL FL**

☒ Delete

TITLE **DT**
 NAME **LLOYD, THELMA**
 STREET ADDRESS **4907 SW 2ND PLACE**
 CITY-ST-ZIP **CAPE CORAL FL**

☐ Delete

TITLE **AT**
 NAME **WARKENTIN, RUTH**
 STREET ADDRESS **2516 SE 22ND AVENUE**
 CITY-ST-ZIP **CAPE CORAL FL**

☐ Delete

TITLE **DVP**
 NAME **RANDALL, MARGE**
 STREET ADDRESS **2019 SE 10TH LANE**
 CITY-ST-ZIP **CAPE CORAL FL**

☒ Delete

TITLE **S**
 NAME **NEIPRIS, HARRIET**
 STREET ADDRESS **4906 VICTORIA DR #112**
 CITY-ST-ZIP **CAPE CORAL FL**

☐ Delete

TITLE **VP**
 NAME **PATTERSON, JOAN**
 STREET ADDRESS **5920 SW 1ST CT.**
 CITY-ST-ZIP **CAPE CORAL**

☒ Change ☐ Addition

TITLE **VP**
 NAME **CARPENTIER, JOSEPH**
 STREET ADDRESS **619 SE 47TH ST. #5**
 CITY-ST-ZIP **CAPE CORAL, FL - 33904**

☒ Change ☐ Addition

TITLE **AT**
 NAME **GOTTSHALL, RUTH**
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ 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:

THELMA LLOYD, JR. *Thelma Lloyd*

Aug. 13, 2001

941 542 1040

CR2E037 (5/01)

Attachment

11396

Doc # 709529

Cape Coral Retired Citizens, Inc.

5819 DRIFTWOOD PARKWAY
CAPE CORAL, FLORIDA 33904

August 13, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

I understand a letter was sent to me about my report that I sent to you in May. I am sorry, but I did not receive it.

As per our telephone conversation today, I am sending a corrected report, and a big Thank You for your helpfulness. What a relief to learn that you did get my check.

Most Sincerely,

Thelma Lloyd

Thelma Lloyd
Treasurer