

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713264

1. Entity Name

CAPE CORAL JUNIOR FOOTBALL ASSOCIATION, INC.

Principal Place of Business

P O BOX 150207  
CAPE CORAL FL 33915

Mailing Address

P O BOX 150207  
CAPE CORAL FL 33915

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

59-1961249

Applied For

Not Applicable

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

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 13, 2000 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                   | <input type="checkbox"/> Delete |
| NAME           | WILLIAMS, RODNEY    |                                 |
| STREET ADDRESS | 1238 SW 4TH AVE     |                                 |
| CITY-ST-ZIP    | CAPE CORAL FL       |                                 |
| TITLE          | V                   | <input type="checkbox"/> Delete |
| NAME           | SERAVELLO, RALPH A  |                                 |
| STREET ADDRESS | 1211 SE 26TH TERR.  |                                 |
| CITY-ST-ZIP    | CAPE CORAL FL 33904 |                                 |
| TITLE          | S                   | <input type="checkbox"/> Delete |
| NAME           | GRIFFITHS, MELANIE  |                                 |
| STREET ADDRESS | 714 SE 20TH CT      |                                 |
| CITY-ST-ZIP    | CAPE CORAL FL 33990 |                                 |
| TITLE          | TD                  | <input type="checkbox"/> Delete |
| NAME           | WADDELL, KATHLEEN   |                                 |
| STREET ADDRESS | 4029 SW 2ND ST.     |                                 |
| CITY-ST-ZIP    | CAPE CORAL FL 33914 |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | WILLIAMS, DONNA     |                                 |
| STREET ADDRESS | 1238 SW 4TH AVE.    |                                 |
| CITY-ST-ZIP    | CAPE CORAL FL       |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | TEW, MICHAEL        |                                 |
| STREET ADDRESS | 3912 SW 16TH PL.    |                                 |
| CITY-ST-ZIP    | CAPE CORAL FL       |                                 |

|                |   |
|----------------|---|
| 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    |   |
| 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    |   |

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jul 19, 2000 8:00 am  
Secretary of State

07-19-2000 90025 015 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)