

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713264

1. Entity Name

CAPE CORAL JUNIOR FOOTBALL ASSOCIATION, INC.

FILED
Aug 09, 2001 8:00 am
Secretary of State

05-17-2001 91333 050 ****61.24
 08-09-2001 90046 001 ****61.25

0013347

Principal Place of Business

Mailing Address

P O BOX 150207
 CAPE CORAL FL 33915

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

WILLIAMS, RODNEY
 1238 SW 4TH AVENUE
 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 WILLIAMS, RODNEY
 1238 SW 4TH AVE
 CAPE CORAL FL
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☒ Addition
 Pamela Schaffner
 1221 NW 14th Ave
 Cape Coral A 33916

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 V
 SERAVELLO, RALPH A
 1211 SE 26TH TERR.
 CAPE CORAL FL 33904
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☒ Addition
 Tim Greer
 2706 SE 17th Pl.
 Cape Coral FL 33904

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S
 GRIFFITHS, MELANIE
 714 SE 20TH CT
 CAPE CORAL FL 33990
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 WADDELL, KATHLEEN
 4029 SW 2ND ST.
 CAPE CORAL FL 33914
☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 WILLIAMS, DONNA
 1238 SW 4TH AVE.
 CAPE CORAL FL
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 TEW, MICHAEL
 3912 SW 16TH PL.
 CAPE CORAL FL
☒ Delete

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:

CR2E037 (5/01)