

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714587

1. Entity Name

CAPE CORAL RETIRED OFFICERS ASSOCIATION, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90108 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

13851 EAGLE RIDGE LAKE DR  
FT MYERS FL 33912

PO BOX 0508  
CAPE CORAL FL 33910-0426  
US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 100508

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
CAPE CORAL, FL.

4. FEI Number

23-7229224

Applied For

Not Applicable

Zip

Country

Zip

Country

33910

U-S.

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

SURICO, JOSEPH  
13851 EAGLE RIDGE LAKES DR  
STE 102  
FT MYERS FL 33912

Name  
CONNOR, JAMES

Street Address (P.O. Box Number is Not Acceptable)  
5103 CALUSA CT.

City  
CAPE CORAL, FL Zip Code  
33904

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 JAMES M. CONNER, President 13 JAN 2000

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
CHANDLEE, GEORGE  
17700 EAGLE VIEW LANE  
CAPE CORAL FL 33903 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SURICO, JOSEPH  
13851 EAGLE RIDE LAKES DR  
FT MYERS FL 33912 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
CONNOR, JAMES  
5103 CALUSA CT.  
CAPE CORAL, FL. 33904 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
NICHOLS, JOHN H  
5418 SW 22ND AVE  
CAPE CORAL FL 33914 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
POWELL, HARRY K.  
1922 SE 45TH STREET  
CAPE CORAL FL 33904 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
CRAWFORD, GERALD  
3044 HIDDEN ACRES CIR.  
NORTH FT. MYERS, FL. 33903 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
WILLIAMS, BEN C  
759 CORAL DR  
CAPE CORAL FL 33904 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RICH, CLANCY  
5246 TIFFANY CT.  
CAPE CORAL FL 33904 ☐ 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: JAMES M. CONNER, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 JAN 2000 (941) 542-5627

Date

Daytime Phone #

CR2E037 (9/99)