## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 12, 2001 8:00 am Secretary of State **DOCUMENT # 714587** 1. Entity Name CAPE CORAL RETIRED OFFICERS ASSOCIATION, INC. 02-12-2001 90241 013 \*\*\*\*61.25 Principal Place of Business Mailing Address 13851 EAGLE RIDGE LAKE DR PO BOX 100508 FT MYERS FL 93912 CAPE CORAL FL 33910 2. Principal Place of Business 3. Mailing Address 5103 Calusa Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State ---Applied For 4.-FEI:Number-23-7229224 ape Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33904 ISA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ONNET JAMes Street Address (P.O. Box Number is Not Acceptable) CONNER, JOSEPH 5103 CALUSA CT CAPE CORAL FL 33904 3904 6 ^a ane 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 Fiorida. SIGNATURE Signature, typed of printed na (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VD. TITLE TITLE ☐ Delete NAME CHANDLEE, GEORGE NAME STREET ADDRESS 17700 EAGLE VIEW LANE STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33903 CITY-ST-ZIP PD TITLE Delete TITLE ☐ Change

☐ Addition ☐ Addition CONNER. JAMES ------NAME NAME STREET ADDRESS STREET ADDRESS 5103 CALUSA CT CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 SD Tubbs, Thomas Delete TITLE ☐ Change NICHOLS, JOHN H NAME

Vista Pine Civile NAME STREET ADDRESS STREET ADDRESS 5418 SW 22ND AVE FT Myers FL 33913 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 TITLE TITLE ☐ Change Delete Surico, Joseph NAME CRAWFORD, GERALD NAME STREET ADDRESS STREET ADDRESS 3044 HIDDEN ACRES CIRCLE

13851 Eagle Ridge LAKE Dr CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33903 FT MYERS FL 33912 DITLE ☐ Delete TITLE Change ☐ Addition

NAME WILLIAMS, BEN C NAME SIGNATURE STREET ADDRESS 759 CORAL DR STREET ADDRESS BELOW CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP

TITLE □ Delete TITLE ☐ Change ☐ Addition RICH, CLANCY NAME NAME STREET ADDRESS 5246 TIFFANY CT. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CAPE CORAL FL 33904

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 appaddress, with all other like empowered.

SIGNATURE:

**X** Addition