

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90155 047 ****70.00

DOCUMENT # 714587

1. Entity Name

CAPE CORAL RETIRED OFFICERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5103 CALUSA COURT
CAPE CORAL FL 33904

PO BOX 100508
CAPE CORAL FL 33910
US

2. Principal Place of Business

2544 SW 13th AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

4. FEI Number

23-7229224

Applied For

Not Applicable

Zip

33914

Country

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONNER, JAMES
5103 CALUSA CT
CAPE CORAL FL 33904

Name

WILLIAM P. DEILE

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

2544 SW 13th AVE CA

City

CAPE CORAL

FL

Zip Code

33914

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

William P. Deile

15 JAN 02

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

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

TITLE PD ☒ Delete
NAME CONNER, JAMES
STREET ADDRESS 5103 CALUSA CT
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE PD ☒ Change ☐ Addition
NAME DEILE, WILLIAM
STREET ADDRESS 2544 SW 13th AVE
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE SD ☐ Delete
NAME TUBBS, THOMAS
STREET ADDRESS 12839 VISTA PINE CIRCLE
CITY-ST-ZIP FORT MYERS FL 33913

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

TITLE D ☒ Delete
NAME SURICO, JOSEPH
STREET ADDRESS 13851 EAGLE RIDGE LAKE DRIVE
CITY-ST-ZIP FORT MYERS FL 33912

TITLE D ☒ Change ☐ Addition
NAME WEST, DAVID
STREET ADDRESS 2010 SE 26th ST
CITY-ST-ZIP CAPE CORAL, FL 33904

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

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

TITLE D ☒ Delete
NAME RICH, CLANCY
STREET ADDRESS 5246 TIFFANY CT.
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D ☒ Change ☐ Addition
NAME SWEA, ELEANOR
STREET ADDRESS 2505 SW 43rd LANE
CITY-ST-ZIP CAPE CORAL, FL 33914

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:

WILLIAM P. DEILE

WILLIAM P. DEILE 15 JAN 02 041-574-6718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)