

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714626

1. Entity Name

THE FORT MYERS/ESTERO ISLAND FLORIDA CHAPTER OF

Principal Place of Business

2831 S.E. 16TH PLACE
CAPE CORAL FL 33904

Mailing Address

2831 S.E. 16TH PLACE
CAPE CORAL FL 33904-4002

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

59-6152341

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

FRATZ, HAROLD
2831 S.E. 16TH PLACE
CAPE CORAL FL 33904

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

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 SD ☐ Delete
NAME FRATZ, H
STREET ADDRESS 2831 S E 16TH PLACE
CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 617 GRANDVIEW DR.
CITY-ST-ZIP LEHIGH ACRES, FL

TITLE P ☒ Delete
NAME LUHMAN, FRED J.
STREET ADDRESS 1528 MYERLEE COUNTRY CLUB BLVD
CITY-ST-ZIP FT. MYERS FL

TITLE P ☒ Change ☐ Addition
NAME BEAMER, SR., ALFRED
STREET ADDRESS 617 GRANDVIEW DR.
CITY-ST-ZIP LEHIGH ACRES, FL

TITLE TD ☐ Delete
NAME GILLEY, JIM
STREET ADDRESS 7276 PELAS CIRCLE
CITY-ST-ZIP N. FORT MYERS FL

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

TITLE VD ☒ Delete
NAME FARRELL, RICHARD H.
STREET ADDRESS 17200 PIONEER STREET
CITY-ST-ZIP N. FT. MYERS FL

TITLE VD ☒ Change ☐ Addition
NAME CONTI, WALTER
STREET ADDRESS 2100 S. E. 15TH TERRACE
CITY-ST-ZIP CAPE CORAL, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: HAROLD FRATZ *Harold Fratz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2000 (941) 542-6538
Date Daytime Phone #

CR2E037 (9/99)



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