

**2001 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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**FRATZ, HAROLD  
2831 S.E. 16TH PLACE  
CAPE CORAL FL 33904**7. Name and Address of New Registered Agent**

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**TITLE SD ☐ Delete  
NAME FRATZ, H  
STREET ADDRESS 2831 S E 16TH PLACE  
CITY-ST-ZIP CAPE CORAL, FL 00000TITLE P ☐ Delete  
NAME BEAMER, ALFRED SR.  
STREET ADDRESS 617 GRANDVIEW DR  
CITY-ST-ZIP LEHIGH ACRES FLTITLE TD ☒ Delete  
NAME GILLEY, JIM  
STREET ADDRESS 7276 PELAS CIRCLE  
CITY-ST-ZIP N. FORT MYERS FLTITLE VD ☐ Delete  
NAME CONTI, WALTER  
STREET ADDRESS 2100 SE 15TH TERR  
CITY-ST-ZIP CAPE CORAL FLTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE TD ☒ Change ☐ Addition  
NAME FRANCE, WALTER  
STREET ADDRESS 6281 EMERALD PINES CIRCLE  
CITY-ST-ZIP FORT MYERS, FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90091 015 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)