

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90167 011 \*\*\*\*61.25

**DOCUMENT # 714626**

1. Entity Name

**THE FORT MYERS/ESTERO ISLAND FLORIDA CHAPTER OF  
S.P.E.B.S.Q.S.A., INC.**



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 & 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. I am familiar with, and accept the obligations of registered agent.

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  
Florida 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  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☒ Delete  
NAME **FRANCE, WALTER**  
STREET ADDRESS **6261 EMERALD PINES CIRCLE**  
CITY-ST-ZIP **N. FORT MYERS FL**

TITLE **TD** ☒ Change ☐ Addition  
NAME **MARS, CURTIS**  
STREET ADDRESS **3123 INDIAN VILLAGE LANE**  
CITY-ST-ZIP **N. Fort Myers, FL 33917**

TITLE **P** ☒ Delete  
NAME **CONTI, WALTER**  
STREET ADDRESS **2100 SE 15TH TERRACE**  
CITY-ST-ZIP **CAPE CORAL FL 33990-1928**

TITLE **P** ☒ Change ☐ Addition  
NAME **SUTTER, CHARLES E.**  
STREET ADDRESS **906 DEAN WAY**  
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **VD** ☐ Delete  
NAME **GEORGE, TONY**  
STREET ADDRESS **4463 LAKE HEATHER CIRCLE**  
CITY-ST-ZIP **SAINT JAMES CITY FL 33956-2186**

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

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** **2/25/03** **(239) 542-6538**

CR2E037 (10/02)