

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90016 005 ****61.25

DOCUMENT # 721359

1. Entity Name

CAPE CORAL CHAPTER #188 OF AMERICAN ASSOCIATION
OF RETIRED PERSONS, INC.

Principal Place of Business

LAKE KENNEDY SENIOR CENTER
400 SANTA BARBARA BLVD
CAPE CORAL FL 33991
US

Mailing Address

P.O. BOX 484
CAPE CORAL FL 33910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2277225

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MERRIGAN, PAUL
5202 YORK COURT
CAPE CORAL FL 33904

Name CAZZARA CHARLES

Street Address (P.O. Box Number is Not Acceptable)
4546 SE 6th COURT

City CAPE CORAL

FL

Zip Code 33904-5534

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 NAME STREET ADDRESS CITY-ST-ZIP | P MERRIGAN, PAUL 5202 YORK COURT CAPE CORAL FL 33904 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GAZZARA, CHARLES 4546 SE 6TH COURT CAPE CORAL FL 33904-5534 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ORR, JOANN 3922 SE 12TH AVE CAPE CORAL FL 33904-7946 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD JODARSKI, MARY JO 4220 S E FIRST COURT CAPE CORAL FL 33904-8411 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KOCUIBA, GEORGE 1531 N.E. PINE ISLAND LANE CAPE CORAL FL 33909 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D O'CONNOR, JIM 5382 S.W. 26TH AVENUE CAPE CORAL FL 33914 | <input type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GAZZARA, CHARLES 4546 SE 6TH COURT CAPE CORAL, FL. 33904-5534 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DONALD P. BADIE 923 SE. 23RD STREET CAPE CORAL FL. 33980-2546 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ORR, JOANN 3922 SE 12th AVE CAPE CORAL, FL. 33904-7946 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HEENEKE RICHARD 904 ISLAMORADA BLVD PUNTA GORDA, FL 33955-1865 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EVANS LLOYD 268 SW 2ND TERRACE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D O'CONNOR, JAMES + CAROL 5382 SW 26th AVE CAPE CORAL, FL 33914 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Richard Heeneke RICHARD HEENEKE - 1/23/02 94-575-7045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)