

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90040 011 ****61.50

DOCUMENT # 727900

1. Entity Name

THE PHILANTHROPIC FOUNDATION OF CAPE CORAL, INC.

Principal Place of Business

Mailing Address

**4731 VINCENNES BLVD
CAPE CORAL FL 33904
US**

**P.O. BOX 32
CAPE CORAL FL 33910-0029
US**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 100032

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7410312

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

**PORTMAN, PATRICIA K
1751 NW 24TH PL
CAPE CORAL FL 33993**

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

Patricia K. Portman, Patricia K. Portman, Executive Dir. 1/20/00

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	D	<input checked="" type="checkbox"/> Delete
NAME	HAFER, RICHARD	
STREET ADDRESS	3417 SW 8TH ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DB	<input type="checkbox"/> Delete
NAME	BIGGS, ROBERT	
STREET ADDRESS	4015 SE 20TH PL #504	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SWIFT, M.T.	
STREET ADDRESS	919 COUNTRY CLUB BOULEVARD	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	DDTD D	<input type="checkbox"/> Delete
NAME	WARCHOL, MARTHA S	
STREET ADDRESS	1633 SE 47TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TABOR, ELMER W.	
STREET ADDRESS	1219 CAPE CORAL PARKWAY	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald Rhodes	
STREET ADDRESS	1402 S.E. 46th Lane	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Ketzel	
STREET ADDRESS	4703 S.E. 17th PL.	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Donald R. Rhodes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-945-2271

CR2E037 (9/99)