

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90083 043 ****61.25

DOCUMENT # 727900

1. Entity Name

THE PHILANTHROPIC FOUNDATION OF CAPE CORAL, INC.

Principal Place of Business

4731 VINCENNES BLVD
 CAPE CORAL FL 33904
 US

Mailing Address

PO BOX 100032
 CAPE CORAL FL 33910
 US

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

23-7410312

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

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 Director 3-5-02

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 TD ☐ Delete
 NAME RHODES, DONALD
 STREET ADDRESS 1402 SE 46TH LANE
 CITY-ST-ZIP CAPE CORAL FL

TITLE PD ☐ Change ☒ Addition
 NAME Tracy L. Lima
 STREET ADDRESS 12751 New Brittany Blvd.
 CITY-ST-ZIP Ft. Myers, FL 33907

TITLE PD ☒ Delete
 NAME BIGGS, ROBERT
 STREET ADDRESS 4015 SE 20TH PL #504
 CITY-ST-ZIP CAPE CORAL FL 33904

TITLE VD ☐ Change ☒ Addition
 NAME Carol Robinson
 STREET ADDRESS 8060 College Parkway
 CITY-ST-ZIP Ft. Myers, FL 33919

TITLE VD ☒ Delete
 NAME TABOR, ELMER W.
 STREET ADDRESS 1219 CAPE CORAL PARKWAY
 CITY-ST-ZIP CAPE CORAL FL 33904

TITLE SD ☐ Change ☐ Addition
 NAME DON A. SCHNELL
 STREET ADDRESS 455 Cape Coral Pkwy #1
 CITY-ST-ZIP Cape Coral, FL 33904

TITLE SD ☒ Delete
 NAME KETZEL, KENNETH
 STREET ADDRESS 1333 SANTA BARBARA BLVD
 CITY-ST-ZIP CAPE CORAL FL 33991

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:

Donald R. Rhodes REQUIRED Donald R. Rhodes

3-5-02

(941) 542-5594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date Daytime Phone #

CR2E037 (9/01)