

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729746

1. Entity Name

THE CONNECTICUT CLUB OF LEE COUNTY, FLORIDA, INC

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90086 005 ****61.25

Principal Place of Business

5610 DRIFTWOOD PARKWAY
CAPE CORAL FL 33904-5926

Mailing Address

1009 S.W. 32 TERRACE
CAPE CORAL FL 33914-5245
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2235832

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

MARCUS, ARNOLD
1009 S.W. 32 TERRACE
CAPE CORAL FL 33914

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☐ Delete
NAME MARCUS, ARNOLD
STREET ADDRESS 1009 S.W. 32 TERR.
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☒ Delete
NAME MACDONALD, BETTY
STREET ADDRESS 1907 CORNWALLIS PKWY
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE DS ☐ Change ☒ Addition
NAME FOX, PATRICIA
STREET ADDRESS 1255 WAGONADO PKWY
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE DV ☐ Delete
NAME TUNNEY, JOHN
STREET ADDRESS 1308 SE 20ST
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME LUCIEBELLO, CLAIRE
STREET ADDRESS 802 E ELDORADO PKWY
CITY-ST-ZIP CAPE CORAL FL 33904

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:

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

ARNOLD
MARCUS

3/28/00

941-945-7124

CR2E037 (9/99)