

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90013 026 ****61.25

DOCUMENT # 729746

1. Entity Name

THE CONNECTICUT CLUB OF LEE COUNTY, FLORIDA, INC

Principal Place of Business

5610 DRIFTWOOD PARKWAY
 CAPE CORAL FL 33904-5926

Mailing Address

1009 S.W. 32 TERRACE
 CAPE CORAL FL 33914
 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

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

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.

(NOT 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 **DT** ☒ Change ☐ Addition
 NAME **BYRNE, JOANNE**
 STREET ADDRESS **2017 SE 7th ST**
 CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE **DS** ☐ Delete
 NAME **FOX, PATRICIA**
 STREET ADDRESS **5255 CORONADO PKWY**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

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

TITLE **DV** ☒ Delete
 NAME **TUNNEL, JOHN**
 STREET ADDRESS **1308 SE 20ST**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **DV** ☒ Change ☐ Addition
 NAME **TUNNEY, DORIS**
 STREET ADDRESS **1308 SE 20ST**
 CITY-ST-ZIP **CAPE CORAL, FL 33990**

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:

Claire Luciebell

May 24, 2001 945-1692

CR2E037 (10/00)