

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90360 024 ****61.25

0046746

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

5819 DRIFTWOOD PARKWAY

3. Mailing Address

5331 CONGO CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

CAPE CORAL, FL

4. FEI Number

59-2235832

Applied For

Not Applicable

Zip

33904

Country

Zip

33904

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **LUCIEN C. ROSE**

Street Address (P.O. Box Number is Not Acceptable)

5331 CONGO CT.

City

CAPE CORAL

FL

Zip Code

33904

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

L. C. Rose
 Signature, typed or printed name of registered agent and title if applicable.

L. C. ROSE, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

3/7/02

DATE

FILE NO. 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

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BYRNE, JOANNE	
STREET ADDRESS	2017 SE 7TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	FOX, PATRICIA	
STREET ADDRESS	5255 CORONADO PKWY	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	TUNNER, DORIS	
STREET ADDRESS	1308 SE 20 ST	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LUCIEBELLO, CLAIRE	
STREET ADDRESS	802 E ELDORADO PKWY	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIEN C. ROSE	
STREET ADDRESS	5331 CONGO CT	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUSTAV OSWALD	
STREET ADDRESS	1214 VAN LOON TERRACE, S.E.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARJORIE MORTON	
STREET ADDRESS	528 S.W. 27TH ST.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN GERVAISE	
STREET ADDRESS	5356 MIKADO CT.	
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		

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:

L. C. Rose
SIGNATURE REQUIRED: L. C. ROSE, PRESIDENT 3/7/02 941-541-3347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)