

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732564

1. Entity Name

CAPE CORAL, FLORIDA, CONGREGATION OF JEHOVAH'S W

FILED  
Apr 28, 2000 8:00 am  
Secretary of State

04-28-2000 90087 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

424 NICHOLAS PKWY W  
CAPE CORAL FL 33991  
US

C/O JOSEPH C HEEB  
2580 BAYSHORE DRIVE  
MATLACHA FL 33993-9737  
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

59-1635792

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

HEEB, JOSEPH C  
2580 BAYSHORE DR  
MATLACHA FL 33993-9737

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 PD ☐ Delete  
NAME HEEB, JOSEPH C  
STREET ADDRESS 2580 BAYSHORE DR  
CITY-ST-ZIP MATLACHA FL 33993-9737

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

TITLE VD ☒ Delete  
NAME SCHROEDER, DAVID B.  
STREET ADDRESS 310 SE 6TH ST.  
CITY-ST-ZIP CAPE CORAL FL

TITLE VD ☒ Change ☐ Addition  
NAME James P. Sazama  
STREET ADDRESS 247 SW 22 Pl  
CITY-ST-ZIP Cape Coral, Fl. 33991

TITLE SD ☐ Delete  
NAME PERRY, DAVID L  
STREET ADDRESS 119 SW 35TH PLACE  
CITY-ST-ZIP CAPE CORAL FL 33991-7609

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

TITLE D ☐ Delete  
NAME RICHARDSON, JOHN  
STREET ADDRESS 1310 SW 4TH CT  
CITY-ST-ZIP CAPE CORAL FL

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:

*JOSEPH C HEEB*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-00

CR2E037 (9/99)