

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93589 011 \*\*\*\*61.25

**DOCUMENT # 732564**

1. Entity Name

**CAPE CORAL, FLORIDA, CONGREGATION OF JEHOVAH'S WITNESSES, INC.**

Principal Place of Business

**424 NICHOLAS PKWY W  
 CAPE CORAL FL 33991  
 US**

Mailing Address

**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 **SAZAMA, JAMES P**  
 STREET ADDRESS **247 SW 22 PL**  
 CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE **VD** ☐ Change ☒ Addition  
 NAME **SCHROEDER, DAVID B.**  
 STREET ADDRESS **310 SE 6TH ST.**  
 CITY-ST-ZIP **CAPE CORAL FL 33990**

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 **JANES, ALLEN**  
 STREET ADDRESS **3634 SE 20TH PL**  
 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

Date

Daytime Phone #

**5-21-02** **239**  
**283-9149**

CR2E037 (9/01)