

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770730

1. Entity Name

CAPE CORAL GRIDIRON CLUB, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90799 035 \*\*\*\*61.25

Principal Place of Business

432 S.W. 20TH STREET  
CAPE CORAL FL 33991  
US

Mailing Address

432 S.W. 20TH STREET  
CAPE CORAL FL 33991-3713  
US

2. Principal Place of Business

3. Mailing Address

2601 Shelby Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Cape Coral FL

Zip

Country

Zip

Country

33904

Lee

4. FEI Number

65-0175625

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

KOENIG, ROBERT  
432 S.W. 20TH STREET  
CAPE CORAL FL 33991

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

Robert Koenig

ROBERT KOENIG

4/28/2000

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 KOENIG, ROBERT  
STREET ADDRESS 432 S.W. 20TH STREET  
CITY-ST-ZIP CAPE CORAL FL 33991

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

TITLE TD ☐ Delete  
NAME GLAZER, CAROL  
STREET ADDRESS 2601 SHELBY PARKWAY  
CITY-ST-ZIP CAPE CORAL FL 33904

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

TITLE D ☐ Delete  
NAME FISHER, RICHARD  
STREET ADDRESS 524 SE 36TH STREET  
CITY-ST-ZIP CAPE CORAL FL 33904

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

TITLE D ☐ Delete  
NAME HARVEY, THOMAS S  
STREET ADDRESS 19422 SUN AIR CT  
CITY-ST-ZIP N FT MYERS FL 33903

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:

ROBERT KOENIG

4/28/2000

Date

Daytime Phone #