

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770730

1. Entity Name

CAPE CORAL GRIDIRON CLUB, INC.

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90091 018 ****61.25

Principal Place of Business

25 W. 20TH STREET
CAPE CORAL FL 33991
US

Mailing Address

4314 SW 3RD AVENUE
CAPE CORAL FL 33914
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

65-0175625

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

QUAINTANCE, MICHAEL D
4314 SW 3RD AVENUE
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

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

Michael D Quaintance
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/19/02
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

TITLE PD
NAME GALLAGHER, CHARLOTTE
STREET ADDRESS 1121 SE 17TH STREET
CITY-ST-ZIP CAPE CORAL FL 33990 ☐ Delete

TITLE VD
NAME HARGER, CELESTE
STREET ADDRESS 3528 SE 4TH AVENUE
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE TD
NAME QUAINTANCE, BONNIE L
STREET ADDRESS 4314 SW 3RD AVENUE
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

TITLE SD
NAME DEFEQ, JANET
STREET ADDRESS 3809 SE 3RD AVENUE
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Bonnie L Quaintance
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02
Date

941-540-2802
Daytime Phone #

CR2E037 (9/01)