
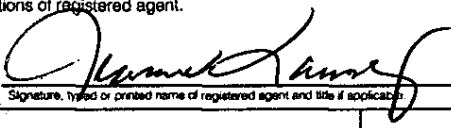



FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90506 004 ****61.25

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 770730			
1. Entity Name Cape Coral Gridiron Club, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 601 SE 29th Street Suite, Apt. #, etc.		3. Mailing Address 601 SE 29th Street Suite, Apt. #, etc.	
City & State Cape Coral, FL		City & State Cape Coral, FL	
Zip 33904		Country Lee	
4. FEI Number 65-0175625		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent Name Jeani Landry Street Address (P.O. Box Number is Not Acceptable) 601 SE 29th Street 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/16/03 (NOTE: Registered Agent signature required when reinstating)			
FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Jeani Landry 601 SE 29th Street Cape Coral, FL 33904	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Crenda Pickering 614 SW 53rd Terrace Cape Coral, FL 33914	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS Beverly McKee 3106 SE 22nd Place Cape Coral, FL 33904	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT Rita Ciamillo 3738 SE 3rd Place Cape Coral, FL 33914	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 4/16/03 239-574-8188 Daytime Phone #	

CR2E037B (12/02)