

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2002 8:00 am**  
**Secretary of State**

08-21-2002 90083 046 \*\*\*\*61.25  
 05-15-2002 90011 047 \*\*\*\*61.25

**DOCUMENT # NO1000005757**

1. Entity Name

**CAPE CORAL CHAMBER OF COMMERCE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

2051 E. CAPE CORAL PARKWAY  
 CAPE CORAL FL 33904

2051 E. CAPE CORAL PARKWAY  
 CAPE CORAL FL 33904

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

65-1127689

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

QUAINTANCE, MICHAEL D  
 2051 E. CAPE CORAL PARKWAY  
 CAPE CORAL FL 33904

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
 min. will be \$236.25.

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 D ☐ Delete  
 NAME SCHNEIDER-CHRISTIANS, MICHAEL  
 STREET ADDRESS 725 CAPE CORAL PARKWAY  
 CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Change ☒ Addition  
 NAME S/D MICHAEL D. QUAINTANCE  
 STREET ADDRESS 2051 CAPE CORAL PKWY E.  
 CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D ☐ Delete  
 NAME CICONE, JOANN  
 STREET ADDRESS 3405 HANCOCK BRIDGE PARKWAY  
 CITY-ST-ZIP NORTH FORT MYERS FL 33903

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

TITLE D ☐ Delete  
 NAME BARNETTE, ANDREW  
 STREET ADDRESS 4427 DEL PRADO BOULEVARD  
 CITY-ST-ZIP CAPE CORAL FL 33904

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

TITLE D ☐ Delete  
 NAME WHEELER, SUE  
 STREET ADDRESS 1521 S W 49TH STREET  
 CITY-ST-ZIP CAPE CORAL FL 33914

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

TITLE D ☐ Delete  
 NAME TATE, GLORIA  
 STREET ADDRESS 4812 CAPE CORAL STREET  
 CITY-ST-ZIP CAPE CORAL FL 33904

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

TITLE D ☐ Delete  
 NAME POHLMAN, STEVE  
 STREET ADDRESS 2323 S E 27TH TERRACE  
 CITY-ST-ZIP CAPE CORAL FL 33904

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:

*Michael D. Quaintance*

8/19/2002/239549-6900

CR2E037 (4/02)