

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90201 015 ****61.25

DOCUMENT # N01000005757

1. Entity Name

CAPE CORAL CHAMBER OF COMMERCE FOUNDATION, INC.



Principal Place of Business

**2051 E. CAPE CORAL PARKWAY
CAPE CORAL FL 33904**

Mailing Address

**2051 E. CAPE CORAL PARKWAY
CAPE CORAL FL 33904**

90136087



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1127689**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

Michael D Quaintance

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

(NOTE: Registered Agent signature required when reinstating)

5/7/2003

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
Florida 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
STREET ADDRESS
CITY-ST-ZIP

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 **D** ☐ Change ☒ Addition
NAME **MR SPIRO, CHRISTOPHER**
STREET ADDRESS **6296 CORPORATE COURT STE 4202**
CITY-ST-ZIP **Fort Myers, Florida 33919**

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:

SIGNATURE REQUIRED

5/7/2003 542-8611

CR2E037 (10/02)