

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90206 029 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N01793

1. Entity Name

OPTIMIST CLUB OF CAPE CORAL, INC.

Principal Place of Business

1714 CAPE CORAL PARKWAY
 CAPE CORAL FL 33904

Mailing Address

PO BOX 1666
 CAPE CORAL FL 33910-1556
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

VALENTE, JOSEPH
 207 SE 43RD LANE
 CAPE CORAL FL 33904

3. Mailing Address

P.O. Box 101566

Suite, Apt. #, etc.

City & State
 Cape Coral Florida

Zip Country
 33910-1566 USA

4. FEI Number
 23-7093958

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

Name: Edith Sturm
 Street Address (P.O. Box Number is Not Acceptable):
 2115 SE 25th Lane
 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.

SIGNATURE: Edith L Sturm, President Edith L Sturm January 9, 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	VP	<input checked="" type="checkbox"/> Delete
NAME	POVISIL, JOSEPH	
STREET ADDRESS	2832 S.E. 18 AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STRUM, CLAUDE	
STREET ADDRESS	2115 SE 25TH LANE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SALMAN, HARRY	
STREET ADDRESS	5306 SKYLINE BLVD	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOHL, PAUL	
STREET ADDRESS	3720 SE 17TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KROGULSKI, JOHN	
STREET ADDRESS	3404 SE 22 AVE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	FIRMES, JOHN	
STREET ADDRESS	1310 S.E. 44 TERR	
CITY-ST-ZIP	CAPE CORAL FL 33904	

TITLE	V. P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Krogulski	
STREET ADDRESS	1428 NE 5th Terr.	
CITY-ST-ZIP	Cape Coral FL. 33909	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Claude Sturm	
STREET ADDRESS	2115 SE 25th Lane	
CITY-ST-ZIP	Cape Coral FL. 33904	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Heinrich	
STREET ADDRESS	2526 SE 20th Ave	
CITY-ST-ZIP	Cape Coral FL. 33904	
TITLE	PE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger Williams	
STREET ADDRESS	2520 SE 20th place	
CITY-ST-ZIP	Cape Coral FL 33904	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Heinrich	
STREET ADDRESS	2526 20th Ave S.E.	
CITY-ST-ZIP	Cape Coral FL 33904	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank DeLorenzo	
STREET ADDRESS	240 S.E. 6th Street	
CITY-ST-ZIP	Cape Coral FL. 33990	

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 the empowered.

SIGNATURE: Edith L Sturm S/T Jan. 8, 2000 (941) 946-2368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)