

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90003 040 ****61.25

DOCUMENT # N01793

1. Entity Name

OPTIMIST CLUB OF CAPE CORAL, INC.

Principal Place of Business

Mailing Address

2115 CAPE CORAL PARKWAY
 CAPE CORAL FL 33904

PO BOX 101556
 CAPE CORAL FL 33910
 US

2115 SE 25th Ln

CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

2115 SE 25th Ln



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 CAPE CORAL

City & State

4. FEI Number

23-7093958

Applied For

Not Applicable

Zip

Country

Zip

Country

33904

USA

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

WILLIAMS, ROGER
 2528 SE 43D LANE
 CAPE CORAL FL 33904

Name
 FRANK DE LORENZO

Street Address (P.O. Box Number is Not Acceptable)

240 SE 6th ST

City
 CAPE CORAL

FL

Zip Code
 33990

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

Frank L. De Lorenzo

1/23/02

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 Delete
 NAME SALZMAN, HARRY
 STREET ADDRESS 5306 SKYLINE BLVD
 CITY-ST-ZIP CAPE CORAL FL 33914

TITLE VP Change Addition
 NAME PAUL KOHL
 STREET ADDRESS 3720 SE 17th PL
 CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D Delete
 NAME STURM, CLAUDE
 STREET ADDRESS 2115 SE 26TH AVE.
 CITY-ST-ZIP CAPE CORAL FL 33904

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ST Delete
 NAME STURN, EDITH
 STREET ADDRESS 2115 SE 25 LN
 CITY-ST-ZIP CAPE CORAL FL 33904

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME KOHL, PAUL
 STREET ADDRESS 3720 SE 17TH PLACE
 CITY-ST-ZIP CAPE CORAL FL

TITLE D Change Addition
 NAME JACK KROGULSKI
 STREET ADDRESS 3340 SE 22D PL
 CITY-ST-ZIP CAPE CORAL FL 33904

TITLE VP Delete
 NAME HEINRICH, GEORGE
 STREET ADDRESS 2526 20TH AVE SE
 CITY-ST-ZIP CAPE CORAL FL 33904

TITLE VP Change Addition
 NAME JOHN McElwagner
 STREET ADDRESS 1912 SE 9 TERR
 CITY-ST-ZIP CAPE CORAL FL 33990

TITLE D Delete
 NAME DELORENZO, GEORGE
 STREET ADDRESS 240 SE 6TH STREET
 CITY-ST-ZIP CAPE CORAL FL 33990

TITLE D Change Addition
 NAME MARILYN MCGEE
 STREET ADDRESS 3007 SW 7 AVE
 CITY-ST-ZIP CAPE CORAL FL 33904

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:

Edith Sturm STURM ST

1-22-01

941 574 8287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)