

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03798

1. Entity Name

CITIZENS FOR GOOD GOVERNMENT OF CAPE CORAL, INC.

Principal Place of Business

Mailing Address

1710 SE 10TH ST
CAPE CORAL FL 33399
US

1710 SE 10TH ST
CAPE CORAL FL 33990-1880
US

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

59-2556581

Applied For

Not Applied For

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

CIBELLI, JULES
1710 SE 10TH ST
CAPE CORAL FL 33990

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.

SIGNATURE

Jules Cibelli - President

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

TITLE ☐ Delete

P
NAME CIBELLI, JULES A
STREET ADDRESS 1710 SE 10TH STREET
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☐ Delete

VP
NAME JAMSKY, PAUL
STREET ADDRESS 319 SE 34TH STREET
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete

D
NAME CLEMENTE, ANNTONETT
STREET ADDRESS 4310 SE 18TH PL
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ Delete

D
NAME MELSON, MARY M
STREET ADDRESS 4703 SE 17TH PL STE 103
CITY-ST-ZIP CAPE CORAL FL

TITLE ☒ Delete

S
NAME NEIBERT, CAROL
STREET ADDRESS 4001 SKYLINE BLVD
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☒ Delete

T
NAME DIFAZIO, VIRGINIA
STREET ADDRESS 1202 SE 16TH TER
CITY-ST-ZIP CAPE CORAL FL 33990

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Add

S
NAME RUSSO, VIRGINIA
STREET ADDRESS 1504 EL DORADO PKWY
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE ☐ Change ☒ Add

T
NAME MOORE, MARIAN
STREET ADDRESS 905 S.E. 23 TERR.
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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Marian Moore - Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIAN MOORE Date 1/30/2000 Daytime Phone # 941

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90045 002 ****61.25

000155



DO NOT WRITE IN THIS SPACE