

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N03798**

1. Entity Name

CITIZENS FOR GOOD GOVERNMENT OF CAPE CORAL, INC.

Principal Place of Business

1710 SE 10TH ST
CAPE CORAL FL 33399
US

Mailing Address

1710 SE 10TH ST
CAPE CORAL FL 33990
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 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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P CIBELLI, JULES A 1710 SE 10TH STREET CAPE CORAL FL 33990			
VP JAMSKY, PAUL 319 SE 34TH STREET CAPE CORAL FL 33904			
D CLEMENTE, ANTOINETT 4310 SE 18TH PL CAPE CORAL FL			
D MELSON, MARY M 4703 SE 17TH PL STE 103 CAPE CORAL FL			
S RUSSO, VIRGINIA 1504 EL DORADO PKWY CAPE CORAL FL 33914			
T MOORE, MARIAN 905 SE 23 TERR 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIAN V MOORE

Daytime Phone #

1/18/01

941-772-9314

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90012 043 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)