

2002 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 33390
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 33390

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 \$61.25

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	P	<input type="checkbox"/> Delete
NAME	CIBELLI, JULES A	
STREET ADDRESS	1710 SE 10TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33390	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JAMSKY, PAUL	
STREET ADDRESS	319 SE 34TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 333904	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLEMENTE, ANTOINETT	
STREET ADDRESS	4310 SE 18TH PL	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELSON, MARY M	
STREET ADDRESS	4703 SE 17TH PL STE 103	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	RUSSO, VIRGINIA	
STREET ADDRESS	1504 EL DORADO PKWY	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOORE, MARIAN	
STREET ADDRESS	905 SE 23 TERR	
CITY-ST-ZIP	CAPE CORAL FL 33390	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Everett MELSON	
STREET ADDRESS	4703 S.E. 17th PL #103	
CITY-ST-ZIP	CAPE CORAL, FL 333904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Marian V. Moore 1/20/02 772-9314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)