

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21890

1. Entity Name

LONG ISLAND & NEW YORK CLUB OF CAPE CORAL, FLORI

FILED

May 30, 2000 8:00 am  
Secretary of State

05-30-2000 90090 048 \*\*\*\*61.25

Principal Place of Business

1133 SE 28TH TERR  
CAPE CORAL FL 33904  
US

Mailing Address

1133 SE 28TH TERR  
CAPE CORAL FL 33904-3914  
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

65-5028380

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CATAPANO, ANTHONY  
5211 SW 28TH PL  
CAPE CORAL FL 33914

Name

ARTHUR MCGOVERN, MD

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

2340 S.E. 28TH STREET

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

VICTOR M. REYES  
*Victor M. Reyes, Treasurer*

5/15/00

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 PD ☒ Delete  
NAME CATAPANO, ANTHONY  
STREET ADDRESS 5211 SW 28TH PLACE  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☒ Change ☐ Addition  
NAME ARTHUR MCGOVERN, MD  
STREET ADDRESS 2340 S.E. 28TH STREET  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE 1VD ☒ Delete  
NAME CACCIOPPOLI, FRANK  
STREET ADDRESS 1505 SW 47TH TERR  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☒ Change ☐ Addition  
NAME ANTOINETTE CLEMENTE  
STREET ADDRESS 4310 S.E. 18TH PLACE  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE 2VD ☒ Delete  
NAME CACCIOPPOLI, LOUIS  
STREET ADDRESS 1515 SW 47TH TERR  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☒ Change ☐ Addition  
NAME ROSE SEKANIK  
STREET ADDRESS 3757 S.E. 1ST PLACE  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE S ☐ Delete  
NAME KOPROWSKI, ANN  
STREET ADDRESS 17920 ANTHEM LANE  
CITY-ST-ZIP NORTH FORT MYERS FL 33917

TITLE ☐ Change ☐ Addition  
NAME SAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME REYES, VICTOR  
STREET ADDRESS 1133 SE 28TH TERR  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition  
NAME SAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *VICTOR M. REYES, TREASURER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/00 941-549-2404  
Date Daytime Phone #

CR2E037 (9/99)