

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90006 006 \*\*\*\*61.25

**DOCUMENT # N21890**

1. Entity Name

**LONG ISLAND & NEW YORK CLUB OF CAPE CORAL, FLORI -**

Principal Place of Business

1133 SE 28TH TERR  
 CAPE CORAL FL 33904  
 US

Mailing Address

1133 SE 28TH TERR  
 CAPE CORAL FL 33904  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-5028380**

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

Name

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

City

**FL**

Zip Code

**MCGOVERN, ARTHUR MD**  
**2340 SE 28TH ST**  
**CAPE CORAL FL 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

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

(NOTE: Registered Agent signature required when reinstating)

**3-15-01**

DATE

**FILE NOW:**  
**FEES ARE \$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 MCGOVERN, ARTHUR MD  
 STREET ADDRESS 2340 SW 28TH ST  
 CITY-ST-ZIP CAPE CORAL FL 33904

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

TITLE IVD ☐ Delete  
 NAME CLEMENTE, ANTOINETTE  
 STREET ADDRESS 4310 S.E. 18TH PL  
 CITY-ST-ZIP CAPE CORAL FL 33904

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

TITLE 2VD ☐ Delete  
 NAME SEKANIK, ROSE  
 STREET ADDRESS 37575 E 1ST PL  
 CITY-ST-ZIP CAPE CORAL FL 33904

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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  
 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:

SIGNATURE REQUIRED

**VICTOR M. REYES****4-27-01****941-549-2404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)