

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91555 037 \*\*\*\*61.25

**DOCUMENT # N21890**

1. Entity Name

**LONG ISLAND & NEW YORK CLUB OF CAPE CORAL, FLORI  
DA, INC.**

Principal Place of Business

Mailing Address

1133 SE 28TH TERR  
CAPE CORAL FL 33904  
US

1133 SE 28TH TERR  
CAPE CORAL FL 33904  
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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGOVERN, ARTHUR MD  
2340 SE 28TH ST  
CAPE CORAL FL 33904

Name **ROBERT DIFAZIO**

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

**1202 S.E. 16TH TERRACE**

City **CAPE CORAL**

**FL**

Zip Code **33990**

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

*Robert E. DiFazio*

**3-6-02**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCGOVERN, ARTHUR MD 2340 SW 28TH ST CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD CLEMENTE, ANTOINETTE 4310 S.E. 18TH PL CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD SEKANIK, ROSE 37575 E 1ST PL CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOPROWSKI, ANN 17920 ANTHELIUM LANE NORTH FORT MYERS FL 33917	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REYES, VICTOR 1133 SE 28TH TERR CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT DIFAZIO 1202 SE 16TH TERRACE CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 MUREYES** *Victor Mureyes* (TREASURER)

**4-20-02 941-549-2404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment



950130  
Dr. #  
N21890

DEPT. OF STATE

Things To Do Today:

1. OUR TAX # 650142170
2. SIRS,
3. OUR CLUB "The LONG ISLAND &
4. NEW YORK CLUB OF CAPE CORAL."
5. HAS A TAX NUMBER BUT WE DON'T
6. HAVE A CURRENT CERTIFICATE. HOW
7. CAN WE GET ONE? IF NOT FROM
8. YOU, WHERE CAN WE GET ONE?
9. YOURS TRULY,
10. Kate M. Reyer
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_

1401 Viscaya Pkwy. • Cape Coral, FL 33990  
772-0600 • FAX 772-1631