

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26261

1. Entity Name

WOMEN'S NETWORK OF CAPE CORAL, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90039 011 ****61.25

Principal Place of Business

1417 DEL PRADO BLVD
P O BOX 214
CAPE CORAL FL 33990
US

Mailing Address

1417 DEL PRADO BLVD
P.O. BOX 214
CAPE CORAL FL 33990-3749
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

65-0037464

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

HAAS, DEBORAH
11451 WATERFORD VILLAGE DR
FT MYERS FL 33913

Name Kathleen T. New
Street Address (P.O. Box Number is Not Acceptable)

2759 Sanibel Blvd.

City St. James City, FL Zip Code 33956

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

Kathleen T. New - Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

5/1/00

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 SD ☒ Delete
NAME JODICE, GRACE
STREET ADDRESS 2125 CORNWALLIS PKWY
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE SD ☐ Change ☒ Addition
NAME Jean Gilcher
STREET ADDRESS 5443 Shabby Circle
CITY-ST-ZIP Ft. Myers, FL 33919

TITLE TD ☒ Delete
NAME HAAS, DEBORAH A
STREET ADDRESS 11451 WATERFORD VILL DR
CITY-ST-ZIP FT MEYERS FL 33913

TITLE TD ☐ Change ☒ Addition
NAME Kathleen New
STREET ADDRESS 2759 Sanibel Blvd.
CITY-ST-ZIP St. James City, FL 33956

TITLE PD ☒ Delete
NAME ARBORIO, FAITH
STREET ADDRESS 1012 SE 25TH LANE
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE PD ☐ Change ☒ Addition
NAME MARLENE RIVELLO
STREET ADDRESS 1616 Cape Coral Pkwy. #246
CITY-ST-ZIP Cape Coral, FL 33914

TITLE V ☒ Delete
NAME MAILHOT, CHERYL ANN
STREET ADDRESS 1408 SE 25TH LANE
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE V ☐ Change ☒ Addition
NAME NICOLE LEPAPE
STREET ADDRESS 19260 San Carlos Blvd.
CITY-ST-ZIP Ft. Myers Beach, FL 33931

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Kathleen T. New
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 1 017 (9/99)

5/1/00 941-470-6855