

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28599

1. Entity Name

DEMOCRATIC CLUB OF CAPE CORAL, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90183 007 ****61.25

Principal Place of Business

1426 SE 44TH STREET
CAPE CORAL FL 33904

Mailing Address

P.O. BOX 100941
CAPE CORAL FL 33910-0941
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-4053821

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NEELD, ROBERT M
1426 SE 44TH STREET
CAPE CORAL FL 33904

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:
FEES \$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 ☐ Delete
NAME **DP**
STREET ADDRESS **URANSKY, NORM**
CITY-ST-ZIP **3801 SE 7TH AVE**
CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **Maryadel Cucimbs**
CITY-ST-ZIP **615 Rose Garden Road #1**
Cape Coral, FL 33914

TITLE ☐ Delete
NAME **RD**
STREET ADDRESS **RICHARD HEENEKE**
CITY-ST-ZIP **904 ISLAMORADA BLVD**
PUNTA GORDA FL 33955

TITLE ☐ Change ☐ Addition
NAME **VD**
STREET ADDRESS **Vernon King**
CITY-ST-ZIP **1404 SE 35th Terrace**
Cape Coral, FL 33904

TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **BRAHAM, YVONNE**
CITY-ST-ZIP **201 NE TENTH AVE**
CAPE CORAL FL 33909

TITLE ☐ Change ☐ Addition
NAME **TD**
STREET ADDRESS **Dori King**
CITY-ST-ZIP **1404 SE 35th Terrace**
Cape Coral, FL 33904

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **VERDA, BEVERLY J**
CITY-ST-ZIP **3646 SE 5TH CT**
CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **Lyndia Bradley**
CITY-ST-ZIP **3429 SW 12th Avenue**
Cape Coral, FL 33914

TITLE ☒ Delete
NAME **DVP**
STREET ADDRESS **DONALD BADIE**
CITY-ST-ZIP **923 S.E 23RD ST.**
CAPE CORAL F. 33990

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

TITLE ☒ Delete
NAME **VPD**
STREET ADDRESS **NAU, YVONNE**
CITY-ST-ZIP **507 SE 33RD TERRACE**
CAPE CORAL FL 33904

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:

Sig...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-2000 941-945-1618

CR2E037 (9/99)