

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90131 021 ****61.25

DOCUMENT # N30481

1. Entity Name

CHAMBER OF COMMERCE OF CAPE CORAL, INC.

Principal Place of Business

Mailing Address

2051 CAPE CORAL PKWY.
~~PO BOX 747~~
 CAPE CORAL FL 33904
 US

~~PO BOX 747~~
 CAPE CORAL FL 33910-0749
 US

2. Principal Place of Business

3. Mailing Address

2051 CAPE CORAL PKWY

PO Box 100747

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0120687

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

S
QUAINANCE, MICHAEL D
2051 CAPE CORAL PKWY
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:
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	D	<input checked="" type="checkbox"/> Delete
NAME	HAGG, MAUREEN E	
STREET ADDRESS	4821 CORANADO PKWY	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPIRO, CHRISTOPHER	
STREET ADDRESS	6296 CORPORATE CT STE B202	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	WUNDERLICH, RICHARD	
STREET ADDRESS	4049 DEL PRADO BLVD., S	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	DC	<input type="checkbox"/> Delete
NAME	WUNDEALICH, RICHARD	
STREET ADDRESS	4049 DEL PRADO BLVDS	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUBUCHON, GARY	
STREET ADDRESS	4729-A VINCEENS BLVD	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aubuchon, Gary	
STREET ADDRESS	4724-A VINCEENS	
CITY-ST-ZIP	CAPE CORAL, FL. 33904	
TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIRO, Christopher	
STREET ADDRESS	6296 CORPORATE CT. STE B201	
CITY-ST-ZIP	FT. MYERS, FL. 33919	
TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSTROWSKY, Kevin	
STREET ADDRESS	1227 S. Del Prado Blvd	
CITY-ST-ZIP	CAPE CORAL, FL. 33990	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WUNDERLICH	
STREET ADDRESS	4049 DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL, FL. 33904	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Shipp	
STREET ADDRESS	4223 S. Del Prado	
CITY-ST-ZIP	CAPE CORAL, FL. 33904	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIM HAUCK	
STREET ADDRESS	1306 Lafayette ST.	
CITY-ST-ZIP	CAPE CORAL, FL. 33904	

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: *Michael D. Quainance* Secretary **1/7/2000** (941) 549-6900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Best Phone #

CR2E037 (9/99)