

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90201 038 \*\*\*\*70.00

**DOCUMENT # N30481**

1. Entity Name

**CHAMBER OF COMMERCE OF CAPE CORAL, INC.**

Principal Place of Business

2051 CAPE CORAL PKWY.  
~~P.O. BOX 747~~  
 CAPE CORAL FL 33904  
 US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

*P.O. BOX 100 747*

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUAINTANCE, 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

*Michael D. Quaintance, President*

*1/18/2001*

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	<b>DC</b>	<input type="checkbox"/> Delete
NAME	<b>AUBUCHON, GARY</b>	
STREET ADDRESS	<b>4724-A VINCEENS</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE	<b>BVC</b>	<input type="checkbox"/> Delete
NAME	<b>SPIRO, CHRISTOPHER</b>	
STREET ADDRESS	<b>6296 CORPORATE CT STE B202</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33919</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>OSTROWSKY, KEVIN</b>	
STREET ADDRESS	<b>1227 S. DEL PRADO BLVD</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33990</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WUNDEALICH, RICHARD</b>	
STREET ADDRESS	<b>4049 DEL PRADO BLVDS</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>AUBUCHON, GARY</b>	
STREET ADDRESS	<b>4729-A VINCEENS BLVD</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Aubuchon, GARY</b>	
STREET ADDRESS	<b>4729-A VINCEENS</b>	
CITY-ST-ZIP	<b>CAPE CORAL, FL. 33904</b>	
TITLE	<b>DC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPIRO, Christopher</b>	
STREET ADDRESS	<b>6296 CORPORATE CT. STE. B202</b>	
CITY-ST-ZIP	<b>FT MYERS, FL. 33919</b>	
TITLE	<b>DCE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ostrowsky, Kevin</b>	
STREET ADDRESS	<b>1227 S. DEL PRADO BLVD.</b>	
CITY-ST-ZIP	<b>CAPE CORAL, FL. 33990</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAUCK, TIM</b>	
STREET ADDRESS	<b>1306 LAFAYETTE ST.</b>	
CITY-ST-ZIP	<b>CAPE CORAL, FL. 33904</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHIPP, TOM</b>	
STREET ADDRESS	<b>4223 S. DEL PRADO BLVD.</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL. 33904</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Michael D. Quaintance, President*

*1/18/2001*

*(941) 549-6900*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)