

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90008 039 ****61.25

DOCUMENT # N49492

1. Entity Name

OPT-MRS. CLUB OF CAPE CORAL, FLORIDA, INC.

Principal Place of Business

240 SE 6TH STREET
CAPE CORAL FL 33990
US

Mailing Address

P.O. BOX 1566
CAPE CORAL FL 33910-1500
US

2. Principal Place of Business

3. Mailing Address

PO Box 101556

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CAPE CORAL

City & State

City & State

FLORIDA

4. FEI Number

65-0340285

Applied For

Not Applied

Zip

Country

Zip

Country

33910-1500

US

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

DELORENZO, THELMA
240 SE 6TH STREET
CAPE CORAL FL 33990

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

TITLE **PD** ☐ Delete
NAME **DELORENZO, THELMA**
STREET ADDRESS **240 SE 6TH STREET**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **VPD** ☐ Delete
NAME **STURM, EDITH**
STREET ADDRESS **2115 SE 25TH AVENUE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **SD** ☐ Delete
NAME **SALZMAN, EDNA**
STREET ADDRESS **5306 SKYLINE BLVD**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **TD** ☐ Delete
NAME **SALZMAN, EDNA**
STREET ADDRESS **5306 SKYLINE BLVD**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **D** ☐ Delete
NAME **SWEET, MARY**
STREET ADDRESS **1102 SE 14TH ST**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **D** ☐ Delete
NAME **FIRMES, MAUREEN**
STREET ADDRESS **1310 SE 44TH TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add

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:

SIGNATURE REQUIRED EDNA E SALZMAN

1/14/00

941-945-2350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #