

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90106 031 ****61.25

DOCUMENT # N49492

1. Entity Name

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

Principal Place of Business

Mailing Address

240 SE 6TH STREET
 CAPE CORAL FL 33990
 US

P O BOX 101556
 CAPE CORAL FL 33910-1500
 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

65-0340285

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

TITLE ☐ Change ☒ Addition
 NAME Director
 STREET ADDRESS Grace McGrath
 CITY-ST-ZIP 1042 LaPaloma Blvd
 North Ft Myers, FL 33903

TITLE D ☐ Delete
 NAME FIRMES, MAUREEN
 STREET ADDRESS 1310 SE 44TH TERRACE
 CITY-ST-ZIP 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:

Thelma Delorenzo thelma DELORENZO 1/12/02 941-458 0834
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)