

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90145 016 ****61.25

DOCUMENT # N49492

1. Entity Name

OPTI-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 101556
CAPE CORAL FL 33910-1500
US**

2. Principal Place of Business

4240 SE 20th PL

3. Mailing Address

4240 SE 20th PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

312

312

City & State

City & State

Cape Coral, FL

Cape Coral, FL

Zip

Zip

33904

33904

Country

Country

USA

USA

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Helen Pesek

Street Address (P.O. Box Number is Not Acceptable)

4240 SE 20th PL

312

City

Cape Coral, FL

FL

Zip Code

33904

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Helen Pesek

Helen Pesek

5-11-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DELORENZO, THELMA	
STREET ADDRESS	240 SE 6TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	STURM, EDITH	
STREET ADDRESS	2115 SE 25TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SALZMAN, EDNA	
STREET ADDRESS	5306 SKYLINE BLVD	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SALZMAN, EDNA	
STREET ADDRESS	5306 SKYLINE BLVD	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGRATH, GRACE	
STREET ADDRESS	1042 LAPALOMA BLVD	
CITY-ST-ZIP	FORT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> 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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maureen Firmes	
STREET ADDRESS	1310 SE 44TH TERR	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grace McGrath	
STREET ADDRESS	1042 Lapaloma Blvd	
CITY-ST-ZIP	Fort Myers, FL 33903	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helen Pesek	
STREET ADDRESS	4240 SE 20th PL # 312	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helen PESEK	
STREET ADDRESS	4240 SE 20th PL #312	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Sweet	
STREET ADDRESS	1102 SE 14th St	
CITY-ST-ZIP	Cape Coral, FL 33990	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeanne Wilson	
STREET ADDRESS	235 Palm Lake Dr	
CITY-ST-ZIP	Sanibel, FL 33957	

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:

Helen Pesek

Helen Pesek 5-11-03 - 239-542-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)