

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51236

1. Entity Name

CAPE CORAL OPTIMIST FOUNDATION, INC.

FILED

Jan 15, 2002 8:00 am  
Secretary of State

01-15-2002 90084 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4501 DEL PRADO BLVD

5306 SKYLINE BLVD  
CAPE CORAL FL 33914  
US

CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7093952

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

STURM, EDITH  
2115 SE 25TH LANE  
CAPE CORAL FL 33904

Name

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

2528 S.E. 20th Place

City

Cape Coral

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.

SIGNATURE

J. Roger Williams President

January 7, 2002

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	ST	<input type="checkbox"/> Delete
NAME	SALZMAN, HARRY	
STREET ADDRESS	5306 SKYLINE BLVD.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VALENTE, JOSEPH	
STREET ADDRESS	207 SE 18TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOHL, PAUL	
STREET ADDRESS	3720 SE 17TH PL	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DELOREMZO, FRANK	
STREET ADDRESS	240 SE 6TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, RUGER	
STREET ADDRESS	2620 SE 20TH PL	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STurm, E. Claude	
STREET ADDRESS	2115 S.E. 25th Lane	
CITY-ST-ZIP	Cape Coral FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	De Lorenzo, Frank	
STREET ADDRESS	240 S.E. 6th St	
CITY-ST-ZIP	Cape Coral FL 33990	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McCullough, John	
STREET ADDRESS	1912 S.E. 9th Terr	
CITY-ST-ZIP	Cape Coral FL 33990	
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:

Signature and Typed or Printed Name of Signing Officer or Director: B. Salzman 1/7/02 (941) 945-2360

CR2E037 (9/01)