

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

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90182 022 \*\*\*\*61.25

**DOCUMENT # N51236**

1. Entity Name

CAPE CORAL OPTIMIST FOUNDATION, INC.



Principal Place of Business

3501 DEL PRADO BLVD  
#204  
CAPE CORAL FL 33904  
US

Mailing Address

5306 SKYLINE BLVD  
CAPE CORAL FL 33914  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **23-7093952**

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

WILLIAMS, ROGER J  
2528 SE 20TH PLACE  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kenneth Shively  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME **ST**  
STREET ADDRESS **SALZMAN, HARRY**  
CITY-ST-ZIP **5306 SKYLINE BLVD.**  
**CAPE CORAL FL**

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **STURM, CLAUDE E**  
CITY-ST-ZIP **2115 SE 25TH LANE**  
**CAPE CORAL FL 33904**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **KOHL, PAUL**  
CITY-ST-ZIP **3720 SE 17TH PL**  
**CAPE CORAL FL 33904**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DELORENZO, FRANK**  
CITY-ST-ZIP **240 SE 8TH ST**  
**CAPE CORAL FL 33990**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MCCULLOUGH, JOHN**  
CITY-ST-ZIP **1912 SE 9TH TERRACE**  
**CAPE CORAL FL 33990**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME ~~STURM, CLAUDE E~~  
STREET ADDRESS ~~2115 SE 25TH LANE~~  
CITY-ST-ZIP ~~CAPE CORAL FL 33904~~

TITLE ☐ Change ☐ Addition  
NAME ~~STURM, CLAUDE E~~  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **S**  
STREET ADDRESS **Salzman Harry**  
CITY-ST-ZIP **5306 Skyline Blvd**  
**Cape Coral FL 33914**

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

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

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

CR2E037 (10/02)

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 Treasurer 1/8/03 2399452350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR