

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000004810**

1. Entity Name

**GULFSHORE OPTIMIST CLUB OF CAPE CORAL, INC.****FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90013 028 \*\*\*\*61.25

**907673**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**240 SE 6 STREET  
CAPE CORAL FL 33990-1541**

Mailing Address

**240 SE 6 STREET  
CAPE CORAL FL 33990-1541**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0513532**

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

**DELORENZO, THELMA  
240 SE 6 STREET  
CAPE CORAL FL 33990-1541**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FUTRAL, LINDA</b>	
STREET ADDRESS	<b>1417 WINDSOR COURT</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904-9719</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>PESEK, HELEN</b>	
STREET ADDRESS	<b>4240 SE 20 PLACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904-5456</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HEINRICH, ANNA</b>	
STREET ADDRESS	<b>2526 SE 20TH AVE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904-3226</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>TS</b>	<input type="checkbox"/> Delete
NAME	<b>DELORENZO, THELMA</b>	
STREET ADDRESS	<b>240 SE 6 STREET</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33990-1541</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DORVAL, ADELINE</b>	
STREET ADDRESS	<b>4825 TARPON COURT</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904-9410</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SWEET, MARY</b>	
STREET ADDRESS	<b>1102 SE 14 STREET</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33990-3765</b>	

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

Date

Daytime Phone #

**1-22-01 941-458-0834**

CR2E037 (10/00)