

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90046 024 ****61.25

DOCUMENT # N95000001649

1. Entity Name

CAPE CORAL HOUSING REHABILITATION AND DEVELOPMEN

CU034477



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1430 SE 16TH PLACE
 #B
 CAPE CORAL FL 33990
 US

1430 SE 16TH PLACE
 #B
 CAPE CORAL FL 33990-3819
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0573570

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

ADAMSKI, ROBERT
 1714 CAPE CORAL PKWY
 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES ARE \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11.

AND DIRECTORS IN 10

☐ Change

☒ Addition

TITLE PD
 NAME HAFER, RICHARD
 STREET ADDRESS 3417 SW 8TH STREET
 CITY-ST-ZIP CAPE CORAL FL 33991 ☐ Delete

TITLE Louise Murphy
 NAME 4423 S. E. 19th Ave.
 STREET ADDRESS Cape Coral, Fl. 33904
 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE VD
 NAME LURA, BOB
 STREET ADDRESS 1110 SE 20TH PLACE
 CITY-ST-ZIP CAPE CORAL FL 33990 ☐ Delete

TITLE D
 NAME Carol Macone
 STREET ADDRESS 701 Sesame Court
 CITY-ST-ZIP Cape Coral, Fl. 33904 ☐ Change ☒ Addition

TITLE D
 NAME KNOLL, MARLENE
 STREET ADDRESS 1126 FLORIDIAN COURT
 CITY-ST-ZIP CAPE CORAL FL 33904 ☒ Delete

TITLE D
 NAME ADAMSKI, ROBERT C
 STREET ADDRESS 1714 CAPE CORAL PARKWAY
 CITY-ST-ZIP CAPE CORAL FL ☐ Delete

TITLE TD
 NAME WALDIER, JACK JR
 STREET ADDRESS 1414 SHELBY PARKWAY
 CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

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

TITLE SD
 NAME FRITH, TERRY L
 STREET ADDRESS 126 NE 12TH COURT
 CITY-ST-ZIP CAPE CORAL FL ☐ Delete

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

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

Robert Lura 3-3-00 542-5151

Date

Daytime Phone #

CR2E037 (9/99)