

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001649

1. Entity Name

CAPE CORAL HOUSING REHABILITATION AND DEVELOPMEN

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90070 031 \*\*\*\*61.25

936620



DO NOT WRITE IN THIS SPACE

Principal Place of Business

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

Mailing Address

1430 SE 16TH PLACE  
#B  
CAPE CORAL FL 33990  
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

MARGARET MARIE Coffey

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

5329 SW 16TH PLACE

City

CAPE Coral

FL

Zip Code  
33914

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

*Margaret Marie Coffey*  
Signature, typed or printed name of registered agent and title, if applicable

EXECUTIVE DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

01/17/01  
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAFFER, RICHARD	
STREET ADDRESS	3417 8TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LURA, BOB	
STREET ADDRESS	1110 SE 20TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACONE, CAROL	
STREET ADDRESS	701 SESAME COURT	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMSKI, ROBERT C	
STREET ADDRESS	1714 CAPE CORAL PARKWAY	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALDIER, JACK JR	
STREET ADDRESS	1414 SHELBY PARKWAY	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FRITH, TERRY L	
STREET ADDRESS	126 NE 12TH COURT	
CITY-ST-ZIP	CAPE CORAL FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUISE Murphy	
STREET ADDRESS	4423 SE 19TH AVE	
CITY-ST-ZIP	CAPE Coral, Florida 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAULA HelkenBRAND	
STREET ADDRESS	1427 SW 52ND LANE a	
CITY-ST-ZIP	CAPE Coral, Florida 33914	

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:

*Richard J. Haffer*  
Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (10/00)