

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90744 002 ****61.25

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1. Entity Name

COUNCIL FOR PROGRESS FOUNDATION, INC.



Principal Place of Business

**3206 S.W. 7TH PLACE
CAPE CORAL FL 33914
UD**

Mailing Address

**3206 S.W. 7TH PLACE
CAPE CORAL FL 33914
UD**

2. Principal Place of Business

12920 Sandpoint Ct
Suite, Apt. #, etc.

3. Mailing Address

PO Box 101655
Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Cape Coral, FL

Zip

33919

Country

LEE

Zip

33910

Country

LEE

4. FEI Number **65-0759439**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAZURKIEWICZ, JOE JR
3206 S.W. 7TH PLACE
CAPE CORAL FL 33514**

7. Name and Address of New Registered Agent

Name **Joe Mazurkiewicz, Jr**
Street Address (P.O. Box Number is Not Acceptable)
12920 Sandpoint Ct
City **Fort Myers** **FL** Zip Code **33919**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-03

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

TITLE **PD** ☒ Delete
NAME **DEAN, TOM**
STREET ADDRESS **901 COUNTRY CLUB BLVD**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **VPD** ☐ Delete
NAME **GIANNUZZI, DONNA**
STREET ADDRESS **636 DEL PRADO BLVD**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **SD** ☐ Delete
NAME **FML, MIKE B**
STREET ADDRESS **7980 SUMMERLIN LAKES DR. #204**
CITY-ST-ZIP **FORT MYERS FL 33907-1830**

TITLE **TD** ☒ Delete
NAME **DAVIS, KEVIN**
STREET ADDRESS **509 SE 24TH AVE**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Donna Giannuzzi**
STREET ADDRESS **636 DEL PRADO BLVD**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE **VPD** ☒ Change ☐ Addition
NAME **MIKE GEML**
STREET ADDRESS **7980 SUMMERLIN LAKES DR #204**
CITY-ST-ZIP **FORT MYERS, FL 33907-1830**

TITLE **William Hetherington** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **William Hetherington**
STREET ADDRESS **PO Box 3455**
CITY-ST-ZIP **North Ft. Myers, FL 33918-3455**

TITLE **TD** ☐ Change ☒ Addition
NAME **JEFF WILSON**
STREET ADDRESS **PO Box 1350**
CITY-ST-ZIP **Ft Myers, FL 33902**

TITLE ☐ Change ☐ 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:

Donna Giannuzzi

4/30/03

CR2E037 (10/02)