

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101175

1. Entity Name

CAPE CORAL COUNTRY CLUB INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90112 033 ***150.00

Principal Place of Business Mailing Address
21460 CORKSCREW WOODLANDS BLVD. 21460 CORKSCREW WOODLANDS BLVD.
ESTERO FL 33928 ESTERO FL 33928-2471

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0964184

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

HUMPHREY, JAMES T
HUMPHREY & KNOTT, P.A.
1625 HENDRY STREET SUITE 301
FORT MYERS FL 33901

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DAVIS, RONALD
STREET ADDRESS 21460 CORKSCREW WOODLAND BLVD.
CITY-ST-ZIP ESTERO FL 33928

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

TITLE STD ☐ Delete
NAME D'ANDREA, ROBERT
STREET ADDRESS 8060 GLENFINNAN CIRCLE
CITY-ST-ZIP FORT MYERS FL 33912

TITLE STD ☒ Change ☐ Addition
NAME D'ANDREA, ROBERT
STREET ADDRESS 21460 CORKSCREW WOODLANDS BLVD
CITY-ST-ZIP ESTERO, FL 33928

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

4-18-00 941-542-3191

CR2E034 (9/99)