

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710548

1. Entity Name

UNITED WAY OF CHARLOTTE COUNTY, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90152 016 ****61.25

Principal Place of Business

Mailing Address

3195 TAMiami TRAIL
P.O.BOX 2467
PORT CHARLOTTE FL 33949-2467

3195 TAMiami TRAIL
P.O.BOX 2467
PORT CHARLOTTE FL 33949-2467

2. Principal Place of Business

23081 Harborview Rd

3. Mailing Address

Post Office Box 2467

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Second Floor

City & State

Charlotte Harbor, FL

City & State

Port Charlotte, FL

Zip

33980

Country

USA

Zip

33949

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1149995

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

WILMAN, PAULA M.
23081 HARBORVIEW RD 2ND FL
CHARLOTTE HARBOR FL 33980

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 P ☐ Delete
NAME LEE, FRANK
STREET ADDRESS 314 TAYLOR ST
CITY-ST-ZIP PUNTA GORDA FL 33950

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

TITLE D ☐ Delete
NAME SMITH, KAREN
STREET ADDRESS 2885 TAMiami TRAIL
CITY-ST-ZIP PT CHARLOTTE FL 33952

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

TITLE PD ☐ Delete
NAME KLEIN, DAVID DR
STREET ADDRESS 1600 TAMiami TRAIL
CITY-ST-ZIP MURDOCK FL 33948

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

TITLE T ☒ Delete
NAME AMENDOLA, LAURA
STREET ADDRESS 3280 TAMiami TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE VP ☐ Change ☒ Addition
NAME Loka Casey
STREET ADDRESS 1617 Tamiami Trail
CITY-ST-ZIP Port Charlotte, FL 33952

TITLE D ☒ Delete
NAME WENZEL, ROBERT
STREET ADDRESS 9400 PIPER ROAD
CITY-ST-ZIP PUNTA GORDA FL 33982

TITLE P ☐ Change ☒ Addition
NAME Randy Dunn
STREET ADDRESS 329 East Olympia Avenue
CITY-ST-ZIP Punta Gorda, FL 33950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME Dave Powell
STREET ADDRESS 309 Tamiami Trail
CITY-ST-ZIP Punta Gorda, FL 33950

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #

042700 9416392600

CR2E037 (9/99)