

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # 710548

1. Entity Name

UNITED WAY OF CHARLOTTE COUNTY, INC.

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

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

Paula M. Wilman Paula M. Wilman

042700

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

TITLE Change Addition
 NAME **D**
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **D**
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **T**
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

042700 9416392600

Date

Daytime Phone #

CR2E037 (9/99)