

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711471

1. Entity Name

CHARLOTTE COUNTY CHAMBER OF COMMERCE, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90119 001 ****61.25

Principal Place of Business 326 W MARION AVE SUITE 112 PUNTA GORDA FL 33950-4417	Mailing Address 326 W MARION AVE SUITE 112 PUNTA GORDA FL 33950-4417
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 2702 Tamiami Trail Suite, Apt. #, etc.
---	---

City & State Port Charlotte FL	4. FEI Number 59-1149738	Applied For Not Applicable
-----------------------------------	-----------------------------	-------------------------------

Zip 33952-5194	Country Charlotte	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-------------------	----------------------	---	--------------------------------

6. Name and Address of Current Registered Agent

MATHIS, JULIE C.
326 W. MARION AVE., SUITE 112
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

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: Julie C. Mathis Julie C. Mathis, Exec. Dir.
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS MATHIS, JULIE C. 326 W MARION AVE. SUITE 112 PUNTA GORDA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WISHARD, BILL 272 E VIRGINIA AVE PUNTA GORDA FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, CHARLES 1100 TAMIAMI TRL PORT CHARLOTTE FL 33953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD WILLIAMS, BETTY 4500 MARINA DR PORT CHARLOTTE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLMES, DAVID 2315 AARON ST PORT CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LLEWELLYN, RICHARD 1901 TAMIAM TRAIL PORT CHARLOTTE FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD Wishard, Bill 326 West Marion Ave. Punta Gorda, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brown, Charles 1100 Tamiami Trail Port Charlotte, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD (President Elect) Comber, Patricia 214 Wood St. #113 Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Julie C. Mathis **SIGNATURE REQUIRED** Julie C. Mathis, Exec. Dir. 941-627-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

paid 4/17/00 #7670 \$61.25