

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90171 044 \*\*\*\*61.25

**DOCUMENT # 711471**  
 1. Entity Name  
**CHARLOTTE COUNTY CHAMBER OF COMMERCE, INC.**

Principal Place of Business 326 W MARION AVE SUITE 112 PUNTA GORDA FL 33950-4417	Mailing Address 2702 TAMiami TRAIL PORT CHARLOTTE FL 33952
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DO NOT WRITE IN THIS SPACE

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 <b>59-1149738</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 Mathis* **Julie C. Mathis, Executive Director** **4/5/02**  
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	<b>MS</b> <b>MATHIS, JULIE C.</b> <b>326 W MARION AVE. SUITE 112</b> <b>PUNTA GORDA FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDPE</b> <b>DIEDRICK, LANE</b> <b>18501 MURDOCK CIR, 2ND FLOOR</b> <b>PORT CHARLOTTE FL 33948</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PPD</b> <b>BROWN, CHARLES</b> <b>1100 TAMiami TRL</b> <b>PORT CHARLOTTE FL 33953</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>COMBER, PATRICIA</b> <b>214 WOOD ST #113</b> <b>PUNTA GORDA FL 33950</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>HOLMES, DAVID</b> <b>2315 AARON ST</b> <b>PORT CHARLOTTE FL 33952</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ASHLEY, DONALD</b> <b>366 E OLYMPIA AVE</b> <b>PUNTA GORDA FL 33950</b> <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	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Wishard, Kristine</b> <b>2200 Kings Hwy., Unit 3-J</b> <b>Port Charlotte FL 33980</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDPE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>99 Nesbit St.</b> <b>Punta Gorda FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Julie C. Mathis* **Julie C. Mathis, Executive Director** **4/5/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)