

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90113 034 \*\*\*\*61.25

**DOCUMENT # 712185**  
 1. Entity Name  
**PUNTA GORDA-PORT CHARLOTTE-NORTH PORT ASSOCIATIO**

Principal Place of Business      Mailing Address  
**3320 LOVELAND BLVD.**      **3320 LOVELAND BLVD.**  
**PORT CHARLOTTE FL 33980**      **PORT CHARLOTTE FL 33980-7425**  
**US**      **US**



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      Applied For  
**59-1264012**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HACKETT, JACK O**  
**115 EAST OLYMPIA AVENUE**  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOGAN, CYNTHIA</b>	
STREET ADDRESS	<b>909-B TAMiami TR</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33980</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DEPENBROCK, CAROLYN</b>	
STREET ADDRESS	<b>3221 TAMiami TR</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33949</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SOUTH, BARBARA</b>	
STREET ADDRESS	<b>1951-D TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHAYMAN, GERI</b>	
STREET ADDRESS	<b>1931 TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SHAYMAN, GERI</b>	
STREET ADDRESS	<b>1931 TAMiami TR</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33948</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, BETTY</b>	
STREET ADDRESS	<b>4500 MARINA</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MacWilliams, Judy</b>	
STREET ADDRESS	<b>3265-D Tamiami Tr.</b>	
CITY-ST-ZIP	<b>Port Charlotte, FL 33952</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Morgan Edwin</b>	
STREET ADDRESS	<b>4456 Tamiami Tr.</b>	
CITY-ST-ZIP	<b>Port Charlotte, FL 3380</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Crumbaugh, James</b>	
STREET ADDRESS	<b>309 Tamiami Tr.</b>	
CITY-ST-ZIP	<b>Punta Gorda, FL 33950</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>White, Norm</b>	
STREET ADDRESS	<b>2369 Risken Ter.</b>	
CITY-ST-ZIP	<b>Port Charlotte, FL 33981</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Shayman, Geri</b>	
STREET ADDRESS	<b>1931 Tamiami Tr.</b>	
CITY-ST-ZIP	<b>Port Charlotte, FL 33948</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gravesen, Michael</b>	
STREET ADDRESS	<b>4889 Tamiami Tr.</b>	
CITY-ST-ZIP	<b>Port Charlotte, FL 33980</b>	

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: Judy MacWilliams      5-4-00      941-629-8261  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #