

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2002 8:00 am**  
**Secretary of State**

03-15-2002 90010 008 \*\*\*\*61.25

**DOCUMENT # 731293**  
 1. Entity Name  
**CHARLOTTE AMATEUR RADIO SOCIETY, INC.**

Principal Place of Business <b>P O BOX 415 PUNTA GORDA FL 33951</b>	Mailing Address <b>P O BOX 415 PUNTA GORDA FL 33951</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0355578</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**ALLAIRE, RICHARD V**  
**2309 TALBROOK TERRACE**  
**PUNTA GORDA FL 33983**

**7. Name and Address of New Registered Agent**  
 Name: **ALBERT J. ROMANOSKY**  
 Street Address (P.O. Box Number is Not Acceptable): **10391 CIRCLE PINE ROAD**  
 City: **N. FT. MYERS, FL** Zip Code: **33903**

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: *Albert J. Romanosky, Secretary* DATE: **02-20-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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>P</b> <b>JOHNSON, GUICE W.</b> <b>150 CRESCENT DR.</b> <b>PUNTA GORDA FL 33950</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOCKENSMITH, ORVILLE</b> <b>2258 TRITON TERRACE</b> <b>PUNTA GORDA FL 33983</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCDANIEL, WYATT</b> <b>351 CAPRI ISLES COURT</b> <b>PUNTA GORDA FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SMITH, ROBERT R</b> <b>213333 EDGEWATER DRIVE</b> <b>PORT CHARLOTTE FL 33952</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ALLAIRE, RICHARD V</b> <b>2309 TALBROOK TERRACE</b> <b>PUNTA GORDA FL 33983</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FORBES, JACKALIN</b> <b>1780 DEBORAH DRIVE</b> <b>PUNTA GORDA FL 33950</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MAGY, LOUIS E</b> <b>4370 SHAPPELL ST</b> <b>PT. CHARLOTTE, FL 33948</b> <input checked="" type="checkbox"/> Change <input 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	<b>D</b> <b>BOB SPECK</b> <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> Addition <b>2507 VIA VENETO DRIVE</b> <b>PUNTA GORDA, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MCDANIEL, WYATT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>351 CAPRI ISLES COURT</b> <b>PUNTA GORDA, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ROMANOSKY ALBERT J.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10391 CIRCLE PINE ROAD</b> <b>N. FT. MYERS, FL 33903</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>REINIGER HANS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1416 GREBE DR</b> <b>PUNTA GORDA, FL 33950</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: *Albert J. Romanosky* **ALBERT J. ROMANOSKY** DATE: **02-26-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone # **941 731-5130**

CR2E037 (9/01)