

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90434 022 \*\*\*\*61.25

**DOCUMENT # 731293**

1. Entity Name  
**CHARLOTTE AMATEUR RADIO SOCIETY, INC.**



Principal Place of Business  
P O BOX 415  
PUNTA GORDA FL 33951

Mailing Address  
P O BOX 415  
PUNTA GORDA FL 33951

2. Principal Place of Business  
**P.O. BOX 510415**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 510415**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**PUNTA GORDA FL**

City & State  
**PUNTA GORDA, FL**

4. FEI Number **65-0355578**

Applied For  
Not Applicable

Zip **33951-0415** Country **USA**

Zip **33951-0415** Country **USA**

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**

**ROMANOSKY, ALBERT J**  
**10391 CIRCLE PINE ROAD**  
**NORTH FORT MYERS FL 33903**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|   |  |
|---|--|
| TITLE<br><b>P</b>                               | <input type="checkbox"/> Delete            |
| NAME<br><b>NAGY, LEWIS E</b>                    |  |
| STREET ADDRESS<br><b>4370 SHAPPELL ST</b>       |  |
| CITY-ST-ZIP<br><b>PORT CHARLOTTE FL 33948</b>   |  |
| TITLE<br><b>D</b>                               | <input type="checkbox"/> Delete            |
| NAME<br><b>HOCKENSMITH, ORVILLE</b>             |  |
| STREET ADDRESS<br><b>2258 TRITON TERRACE</b>    |  |
| CITY-ST-ZIP<br><b>PUNTA GORDA FL 33983</b>      |  |
| TITLE<br><b>D</b>                               | <input checked="" type="checkbox"/> Delete |
| NAME<br><b>SPECK, BOB</b>                       |  |
| STREET ADDRESS<br><b>2507 VIA WENETO DR</b>     |  |
| CITY-ST-ZIP<br><b>PUNTA GORDA FL 33950</b>      |  |
| TITLE<br><b>T</b>                               | <input type="checkbox"/> Delete            |
| NAME<br><b>MCDANIEL, WYATT</b>                  |  |
| STREET ADDRESS<br><b>351 CAPRI ISLES COURT</b>  |  |
| CITY-ST-ZIP<br><b>PUNTA GORDA FL 33950</b>      |  |
| TITLE<br><b>S</b>                               | <input type="checkbox"/> Delete            |
| NAME<br><b>ROMANOSKY, ALBERT S</b>              |  |
| STREET ADDRESS<br><b>10391 CIRCLE PINE ROAD</b> |  |
| CITY-ST-ZIP<br><b>NORTH FORT MYERS FL 33903</b> |  |
| TITLE<br><b>VP</b>                              | <input checked="" type="checkbox"/> Delete |
| NAME<br><b>AGINIGER, HANS</b>                   |  |
| STREET ADDRESS<br><b>1416 GREBE DR</b>          |  |
| CITY-ST-ZIP<br><b>PUNTA GORDA FL 33950</b>      |  |

|                |  |
|----------------|--|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | <b>DIRECTOR</b>  |
| STREET ADDRESS | <b>GUICE JOHNSON</b>   |
| CITY-ST-ZIP    | <b>150 CRESCENT DR. PUNTA GORDA, FL 33950</b>                                |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>DIRECTOR</b>  |
| STREET ADDRESS | <b>RICHARD BROOKS</b>  |
| CITY-ST-ZIP    | <b>2932 CROOKED ISLAND 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 ROMANOSKY** *Albert Romanosky* 2-6-03 731-5130

CR2E037 (10/02)