

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90215 025 ****61.25

DOCUMENT # 732220

1. Entity Name

THE CHARLOTTE PROMENADERS SQUARE DANCE CLUB, INC

Principal Place of Business

Mailing Address

22486 ADORN AVE
 PORT CHARLOTTE FL 33952
 US

22486 ADORN AVE
 PORT CHARLOTTE FL 33952-1903
 US

000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1645327

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

BROKMEIER, FRED
22486 ADORN AVE
PORT CHARLOTTE FL 33952

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 Fred Brokmeier

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/14/2000
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITILE Delete
 NAME **BROKMEIER, FRED**
 STREET ADDRESS **22486 ADORN AVE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITILE Delete
 NAME **BILDSTEIN, TRUDY**
 STREET ADDRESS **22291 QUEENS AVE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33941**

TITILE Change Addition
 NAME **Le Blanc, Barbara**
 STREET ADDRESS **184 Godfrey Ave**
 CITY-ST-ZIP **Port Charlotte, FL 33952**

TITILE Delete
 NAME **VREDEVOOGD, DORIS**
 STREET ADDRESS **2399 BANDWAY DR**
 CITY-ST-ZIP **PT. CHARLOTTE FL 33948**

TITILE Change Addition
 NAME **Wooley, Dorothy**
 STREET ADDRESS **12300 Hernando Rd**
 CITY-ST-ZIP **North Port, FL 34287-1148**

TITILE Delete
 NAME **MILLER, ARTHUR**
 STREET ADDRESS **1832 NURENBERG BLVD**
 CITY-ST-ZIP **PT CHARLOTTE FL 33983**

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITILE Delete
 NAME **WALLACE, ROYCE**
 STREET ADDRESS **22392 LA GUARDIA AVE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITILE Change Addition
 NAME **Bildstein, Trudy**
 STREET ADDRESS **22291 Queens Ave**
 CITY-ST-ZIP **Port Charlotte, FL 33941**

TITILE Delete
 NAME **LANNQUIST, TRUDIE**
 STREET ADDRESS **300 CAPRI ISLES CT**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Brokmeier

01/14/2000

941 629 7378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)