

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

0070602

DOCUMENT # 732220

01-25-2001 90117 050 ****61.25

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
 US

A0010501



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 F. Brokmeier (T)

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

(NOTE: Registered Agent signature required when reinstating)

01/11,01

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

TITLE	T	<input type="checkbox"/> Delete
NAME	BROKMEIER, FRED	
STREET ADDRESS	22486 ADORN AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	P	<input type="checkbox"/> Delete
NAME	LE BLANC, BARBARA	
STREET ADDRESS	184 GODFREY AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	S	<input type="checkbox"/> Delete
NAME	WOOLEY, DOROTHY	
STREET ADDRESS	12300 HERNANDO RD	
CITY-ST-ZIP	NORTH PORT FL 34287-1148	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, ARTHUR	
STREET ADDRESS	1832 NURENBERG BLVD	
CITY-ST-ZIP	PT CHARLOTTE FL 33983	
TITLE	D	<input type="checkbox"/> Delete
NAME	BILDSTEIN, TRUDY	
STREET ADDRESS	22291 QUEENS AVE	
CITY-ST-ZIP	PT CHARLOTTE FL 33941	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANNQUIST, TRUDIE	
STREET ADDRESS	300 CAPRI ISLES CT	
CITY-ST-ZIP	PUNTA GORDA FL 33950	

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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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 all other like empowered.

SIGNATURE: F. Brokmeier
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941 629 7378
 Date

01/11,01
 Daytime Phone #

CR2E037 (10/00)