

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90148 033 ****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
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

60009367



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1645327** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BROKMEIER, FRED
22486 ADORN AVE
PORT CHARLOTTE FL 33952**

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

SIGNATURE _____ DATE _____

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 Florida Department of State

10. OFFICERS AND DIRECTORS

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	WILLISON, BOYD	
STREET ADDRESS	1590 VISCAYA DR	
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	LE BLANC, BARBARA	
STREET ADDRESS	184 GODFREY AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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STREET ADDRESS	
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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: *[Signature]* **Brokmeier** 01/16, 2003 941629 7378

CR2E037 (10/02)