2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735333

1. Entity Name

THE EASY DOES IT CLUB OF PORT CHARLOTTE, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State
03-27-2000 90094 046 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
21202 OLEAN BLVD. SUITE 5 PT CHARLOTTE FL 33952	21202 OLEAN BLVD. SUITE 5 PT CHARLOTTE FL 33952-6751

2. Principal Place of Business	3. Mailing Address
21202 Olean Blvd.	21202 Olean Blvd.
Suite, Apt. #, etc.: Suite Five	Suite, Apt. #, etc.: Suite Five
City & State: Port Charlotte, Fl.	City & State: Port Charlotte, Fl.
Zip: 33952 Country: Charlotte	Zip: 33952-6751 Country: Charlotte

4. FEI Number 65-0043245 ☐ Applied For ☐ Not Applicable

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
BISCHOF, W F 21202 OLEAN BLVD. SUITE 5 PT CHARLOTTE FL 33952	Name Street Address (P.O. Box Number is Not Acceptable) No Change 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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BISCHOF, W F 21202 OLEAN BLVD. PT CHARLOTTE FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NONE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCOTT, BRUCE 21202 OLEAN BLVD. PT CHARLOTTE FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NONE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHNSON, MA 21202 OLEAN BLVD. PT CHARLOTTE FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NONE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BUNN, FRANK 21202 OLEAN BLVD. PT CHARLOTTE FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NONE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHMIDT, MARGUERITE 2134 ZERBY ST. PT. CHARLOTTE FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NONE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUPTON, JOSEPH 569 HIBISCUS RD. HARBOR HEIGHTS FL 33983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NONE	☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED 6 March 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #