

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90131 014 ****61.25

DOCUMENT # 741555

1. Entity Name

NORTH PORT COMMUNITY EDUCATIONAL CENTER, INC.



Principal Place of Business

**4940 N. PAN AMERICAN BLVD.
P.O. BOX 7113
NORTH PORT FL 34287
US**

Mailing Address

**4940 N. PAN AMERICAN BLVD.
P.O. BOX 7113
NORTH PORT FL 34287
US**

20060400

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1934386**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, CLARENCE E
173 LAZY RIVER ROAD
NORTH PORT FL 34287**

7. Name and Address of New Registered Agent

Name **Williamson, Tom**

Street Address (P.O. Box Number is Not Acceptable)

3610 Lothair Lane

City **North Port**

FL

Zip Code **34287**

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 **Tom Williamson**

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

(NOTE: Registered Agent signature required when reinstating)

1.8.03

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 NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, CLARENCE E 173 LAZY RIVER ROAD NORTH PORT FL 34287	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, CHARLES 7141 MESA COURT NORTH PORT FL 34287	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ULRICH, GINGER 1956 DENALL STREET NORTH PORT FL 34287	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, MARY JANE 6343 SAFFORD TERRACE NORTH PORT FL 34287	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOPE, BESS 3273 BISCAYNE DRIVE S NORTH PORT FL 34287	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNETT, HAZEL 6142 FREEMONT STREET NORTH PORT FL 34287	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Williamson, Tom 3610 Lothair Lane North Port, FL 34287	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Mary Jane Petersen 6343 Safford Terrace North Port, FL 34287	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Buddy A Hughes 4361 Mongite Rd North Port, FL 34287	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marilyn Benevento 3751 N. Giblin Dr. North Port, FL 34286	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: **Tom Williamson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.6.03