

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2001 08:00 AM
Secretary of State

DOCUMENT # N00000002077
 1. Entity Name
 21ST CENTURY CHALLENGE OF CHARLOTTE COUNTY, INC.

Principal Place of Business 252 WEST OLYMPIA AVENUE PUNTA GORDA FL 33950	Mailing Address 252 WEST OLYMPIA AVENUE PUNTA GORDA FL 33950
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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
65-1001551

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KOCH REXFORD RCPA
 252 WEST OLYMPIA AVENUE

 PUNTA GORDA FL 33950

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.

SIGNATURE **REXFORD R. KOCH** DATE **07/16/2001**
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

TITLE	D <input type="checkbox"/> Delete
NAME	WILMAN PAULA M
STREET ADDRESS	PO BOX 2467
CITY-ST-ZIP	PORT CHARLOTTE FL 339492467
TITLE	D <input type="checkbox"/> Delete
NAME	THOMAS RON
STREET ADDRESS	PO BOX 6028
CITY-ST-ZIP	PORT CHARLOTTE FL 339496028
TITLE	D <input type="checkbox"/> Delete
NAME	SWEENEY JAMES M
STREET ADDRESS	512 E GRACE ST.
CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	D <input type="checkbox"/> Delete
NAME	SCHLICHTER ROBERT E
STREET ADDRESS	25188 MARION AVE #E-402
CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	D <input type="checkbox"/> Delete
NAME	KOCH REXFORD RCPA
STREET ADDRESS	252 WEST OLYMPIA AVENUE
CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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
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)(f), 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: Rexford R. Koch **D** **07/16/2001**

CR2E037 (11/00)