2002 UNIFORM BUSINESS RÉPORT (UBR)

DOCUMENT # NO2715 1. Entity Name CENTER FOR ABUSE AND RAPE EMERGENCIES OF CHARLOT TE COUNTY; INC. Principal Place of Business Mailing Address 1501 COOPER ST. P.O. BOX 510234 PUNTA GORDA FL 33951-7234 PUNTA GORDA FL 33951-7234

FILED Feb 24, 2002 8:00 am Secretary of State

02-24-2002 90030 046 ****61.25

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|--|---|--|--------------------------|--|---------------------------------------|----------------------------|-----------------------------------|------------------------|-------|
| 2. Principal Place of Business | | 3. Mailing Address | | | | | D) | A) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | - · | OO NOT WRITE IN THIS | SPACE | | | |
| City & State | | City & State | | · - | 4. FEI Number 59-2435059 | | <u> </u> | Applied For | |
| Zip Country | | Zip | Country | | 5 Certificate of Status Desired | | | lot Applicable | { |
| | | Ziβ | Country | | | | \$8.75 Additional Fee Required | | |
| | 6. Name and Address of Curre | ent Registered Agent | | | 7. Name and Addre | ess of New Registered | Agent | | 1 |
| LUSK, LINDA 519 MATARES DRIVE PUNTA GORDA FL 33950 | | | Nam | Name | | | | | |
| | | | Stree | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | | | | | 1 |
| | | | City | | | | 7:- 60 | | 1 |
| | | | City | | | F l | Zip Cod | ie | |
| 8. The above | named entity submits this statemer | it for the purpose of changing | its registered offic | e or registe | ered agent, or both, in the | ne state of Florida. | | | |
| | | | | | | | | | l |
| SIGNATURE | | | | | | | | | |
| SIGNATIONE | Signature, typed or printed name of registered ag | gent and title if applicable. (N | IOTE: Registered Agent s | ignature require | ed when reinstating) | DATE | | | |
| · | | | | | st. | | Į | 1 . | ĺ |
| 14 14 10 | FILE NOW: FEE IS \$61.25 | | Campaign Financir | ng 🗖 | \$5.00 May Be | Make Chec | | | |
| | | Trust Fun | d Contribution. | Ш | Added to Fees | Departm | ent of Stat | е | 1 |
| 10. | OFFICERS AND | DIRECTORS | 11. | · | ADDITIONS/CHANGE | S TO OFFICERS AND D | IRECTORS IN | V 10 | |
| TITLE | DV | ☐ Delete | TITLE | | | | [] Change | Addition | 16/0/ |
| NAME | LUSK, LINDA | | NAME | - | | | | | 1.7 |
| STREET ADDRESS | 519 MATARES DRIVE | • | STREET ADDRE | SS | | | | | F037 |
| | PUNTA GORDA FL 33950 | □ Delete | TITLE | | | | Change | Addition | ļ |
| TITLE NAME | HESS, PAULA. | L3 Delete | NAME | 1 | | | [] Change | | 1 |
| STREET ADDRESS | 2125 PALM TREE DR. | | STREET AD DRE | ss | | | | - | |
| CITY-ST-ZIP | PUNTA GORDA FL 33950 | | CITY-ST-ZIP | | | | | | |
| TITLE | D | ☐ Delete | TITLE | | | | [] Change | Addition | |
| NAME ~ STREET ADDRESS | LIBBY; WD | | NAME STREET ADDRE | | المرابي المراد سيدر الراحة المحتصفي و | - | | | " |
| CITY-ST-ZIP | 1410 S TAMIAMI TR PUNTA GORDA FL 33950 | | CITY-ST-ZIP | .33 | | | | | |
| TITLE | DT CONSAIN COOSE | Delete | TITLE | <u> </u> | | | [] Change | ☐ Addition | 1 |
| NAME | WILLIAMS, JANET | | NAME | | | | • | _ | |
| | 1445 AKEN STR | | STREET ADDRE | ss | | | | | ļ |
| CITY-ST-ZIP | PT CHARLOTTE FL 33952 | | CITY-ST-ZIP | | | | | | } |
| TITLE | DS CARDILLO, GAIL | Delete | TITLE NAME | | | | []] Change | ☐ Addition | |
| NAME STREET ADDRESS | 960 LASSINO COURT | | STREET ADDRE | ss | | | | · · | |
| CITY-ST-ZIP | PUNTA GORDA FL 33950 | | CITY-ST-ZIP | | | | | • . | |
| TITLÉ | DC | ☐ Delete | TITLE | | | - | [] Change | ☐ Addition | |
| NAME | LORAH, MARY G | | NAME | | • | | | | (|
| STREET ADDRESS CITY-ST-ZIP | 3865 BORDEAUX DR | | STREET ADDRE | SS | | | | | 1 |
| | PUNTA GORDA FL 33950 | the third follows about 100 and 100 an | | atatod i c | | ide Cretutes I forth | ا ملاحد ملاء ، الله ، الله | information | 1 |
| iz. intereby | certify that the information supplied v | with this ming does not qualify | ioi trie exemption | stated in St | ecuon 119.07(3)(I), Flor | ida Statutes. I Turtner Ce | am an officer | r or dispotor | 1 |

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: _

SUNDICALIFICATION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02

941-335-8446

Daytime Phone #