

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90090 042 \*\*\*\*61.25

**DOCUMENT # N32845**

1. Entity Name

**CHARLOTTE COUNTY HOMELESS COALITION, INC.**

Principal Place of Business

Mailing Address

**AZTEC PLAZA  
 CHARLOTTE HARBOR FL 33980**

**4456 TAMAMI TRAIL  
 UNIT 05  
 PORT CHARLOTTE FL 33980-2101  
 US**

*A-5*

2. Principal Place of Business

3. Mailing Address

Suite/Apt./# etc.

Suite/Apt./# etc.

*UNIT A-5*

City & State

City & State

4. FEI Number

**65-0139525**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROMILLO, ANA M  
 2120 LUCKY ST.  
 PORT CHARLOTTE FL 33948**

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

*A. Romillo* **ANA M. ROMILLO**

**MARCH 15, 2000**

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	<b>PD PAST PRESIDENT/CONSULTANT</b> <input checked="" type="checkbox"/> <i>Director</i> <b>TOTH, MARY</b> <b>22310 PRISCILLA AVE</b> <b>PORT CHARLOTTE FL 33954</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T-EXECUTIVE DIRECTOR</b> <input checked="" type="checkbox"/> <i>President/Director</i> <b>ROMILLO, ANA M</b> <b>2120 LUCKY ST.</b> <b>PORT CHARLOTTE FL 33948</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> <i>Delete</i> <b>ROBBINS, ROSALIE</b> <b>2616 TAMAMI TRAIL</b> <b>PORT CHARLOTTE FL 33952</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input type="checkbox"/> <i>Delete</i> <b>TORMEY, MICHAEL L</b> <b>23260 PAINTER AVE.</b> <b>PORT CHARLOTTE FL 33954</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input type="checkbox"/> <i>Delete</i> <b>JONES, PHILLIP</b> <b>18501 MURDOCK CIR. 6TH FLR.</b> <b>PT CHARLOTTE FL 33948</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <i>Delete</i>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Vice President/Director</b> <b>HENSLEY, COLEEN</b> <b>12202 PARAMOUNT DRIVE</b> <b>PUNTA GORDA, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Secretary</b> <b>EYDIE DEQUITA</b> <b>412 RIDDING, N.</b> <b>PORT CHARLOTTE, FL 33952</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TREASURER/DIRECTOR</b> <b>JORDAN, KATHERINE</b> <b>1134 SALINA AVE.</b> <b>PORT CHARLOTTE, FL 33952</b>

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:

*A. Romillo* **ANA M. ROMILLO**

**MARCH 15, 2000 (941) 629-8105**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Executive Director/President*

*A. Romillo*  
**ANA M. ROMILLO**

**April 13, 2000 (941) 629-8105**