

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002672

1. Entity Name

CHARLOTTE CHAMBER COMMUNITY FOUNDATION, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90201 017 ****61.25

Principal Place of Business	Mailing Address
326 WEST MARION AVE. SUITE 112 PUNTA GORDA FL 33950	326 WEST MARION AVE. SUITE 112 PUNTA GORDA FL 33950-4417



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2702 Tamiami Trail

City & State	City & State
	Port Charlotte FL

4. FEI Number	Applied For
65-0492790	<input type="checkbox"/> Not Applicable

Zip	Country	Zip	Country
33952-5194		33952-5194	Charlotte

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MATHIS, JULIE C
 326 W. MARION, AVE.
 SUITE 112
 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 Julie C. Mathis Julie C. Mathis, Exec. Dir.
(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	MS	<input type="checkbox"/> Delete
NAME	MATHIS, JULIE C	
STREET ADDRESS	326 W. MARION AVE., SUITE 112	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WISHARD, BILL	
STREET ADDRESS	272 E VIRGINIA AVE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROWN, CHARLES	
STREET ADDRESS	1100 TAMiami TRl	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOLMES, DAVID	
STREET ADDRESS	2315 AARON ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	PPD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, BETTY	
STREET ADDRESS	4500 MARINA DRIVE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LLEWLLYN, RICHARD	
STREET ADDRESS	1901 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL	

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	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wishard, Bill	
STREET ADDRESS	326 W Marion Ave.	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Charles	
STREET ADDRESS	1100 Tamiami Trail	
CITY-ST-ZIP	Port Charlotte, FL 33953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD (President Elect)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Comber, Patricia	
STREET ADDRESS	214 Wood Street, #113	
CITY-ST-ZIP	Punta Gorda, FL 33950	
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)(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: NICOLANNE **REQUIRED** Julie C. Mathis, Exec. Dir. 941-627-2222
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Daytime Phone #

CR2E037 (9/99)