

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000833

1. Entity Name

BOYS & GIRLS CLUBS OF CHARLOTTE COUNTY, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90158 030 ****61.25

Principal Place of Business

Mailing Address

22119 ELMIRA BLVD
SUITE 2
PORT CHARLOTTE FL 33952
US

PO BOX 2078
PORT CHARLOTTE FL 33949-2078
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0725247

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROCKETT, JOHN T
22119 ELMIRA BLVD
STE 2
PORT CHARLOTTE FL 33952

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

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 OS ☒ Delete
NAME BLANCHARD, TED
STREET ADDRESS 1000 RIGGS ST
CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE P ☐ Change ☒ Addition
NAME SARA DEVOS
STREET ADDRESS 128 Creek Drive SE
CITY-ST-ZIP Port Charlotte, FL 33952

TITLE DV ☐ Delete
NAME BROOKS, MITCHELL
STREET ADDRESS 258 BANGBERG RD SE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE V/T ☒ Change ☐ Addition
NAME BANGS BERG
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Delete
NAME WHITE, CRISTINE A
STREET ADDRESS 1010 BAYSHORE DRIVE
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE PS ☐ Change ☒ Addition
NAME MARJORIE YARGER
STREET ADDRESS 1445 Education Way
CITY-ST-ZIP Port Charlotte, FL 33948

TITLE V ☐ Delete
NAME RILEY, MIKE
STREET ADDRESS 1441 TAMiami TRAIL STE 445
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE ☒ Change ☐ Addition
NAME Suite 365
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☒ Delete
NAME DEVOS, ALAN
STREET ADDRESS 120 CREEK DR SE
CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE M ☐ Change ☒ Addition
NAME JOHN T. CROCKETT
STREET ADDRESS 205 SW 46th ST
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE DV ☐ Delete
NAME ALBERT, LEWIS
STREET ADDRESS 227 HAWK ST
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☒ Change ☐ Addition
NAME HARVEY
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #