

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 11, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000000833**

1. Entity Name

BOYS & GIRLS CLUBS OF CHARLOTTE COUNTY, INC.

Principal Place of Business

Mailing Address

22119 ELMIRA BLVD

PO BOX 2078

SUITE 2

PORT CHARLOTTE

FL

PORT CHARLOTTE

FL

33952

US

33949

US

2. Principal Place of Business

PO BOX 207

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE

FL

City & State

4. FEI Number

65-0725247

Applied For

Not Applicable

Zip

Country

33949-207

US

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

CROCKETT JOHN T

Street Address (P.O. Box Number is Not Acceptable)

204 E. MCKENZIE STREET

SUITE E

City

PUNTA GORDA

FL

Zip Code
33950

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

02/11/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	M		
					CROCKETT JOHN T	810 C KINGS COURT	FL 33950
						PUNTA GORDA	
<input type="checkbox"/> Delete	DV			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DP		
	ALBERT LEWIS	227 HARVEY ST	FL 33950		ALBERT LEWIS	227 HARVEY ST	FL 33950
		PUNTA GORDA				PUNTA GORDA	
<input type="checkbox"/> Delete	V			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DT		
	RILEY MIKE	1441 TAMiami TRAIL STE 365	FL 33948		BARROW NANCY	4036 ELVINGTON ROAD	FL 33981
		PORT CHARLOTTE				PORT CHARLOTTE	
<input type="checkbox"/> Delete	DS			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DS		
	YARGER MARJORIE	1445 EDUCATION WAY	FL 33948		MUNHOLAND DEBBIE	21253 COVINGTON AVENUE	FL 33952
		PORT CHARLOTTE				PORT CHARLOTTE	
<input type="checkbox"/> Delete	VT			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DV		
	BROOKS MITCHELL	258 BANGSBERG RD SE	FL 33952		BROOKS MITCHELL	258 BANGSBERG RD SE	FL 33952
		PORT CHARLOTTE				PORT CHARLOTTE	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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:

John T. Crockett

M

02/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)