

2001 UNIFORM BUSINESS REPORT (UBR)

33/

FILED
Aug 20, 2001 8:00 am
Secretary of State

03-19-2001 90490 004 ****61.25

DOCUMENT # 760112
 1. Entity Name
CHARLOTTE TRADE CENTER ASSOCIATION, INC.

Principal Place of Business 1225 TAMiami TRAIL UNIT A-1 PORT CHARLOTTE FL 33953 US	Mailing Address 1225 TAMiami TRAIL UNIT A-1 PORT CHARLOTTE FL 33953 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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8. Name and Address of Current Registered Agent
EPPERLY, EDWARD
 1225 TAMiami TR B11
 PT CHARLOTTE FL 33953

9. 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 releasing)

10. **FILE NOW: FEE IS \$61.25**

11. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

12. **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD HANSEN, ED <input type="checkbox"/> Delete
STREET ADDRESS	1225 TAMiami TRAIL, A-1
CITY-ST-ZIP	PT CHARLOTTE FL
TITLE NAME	VP EVENSEN, LAURA <input checked="" type="checkbox"/> Delete
STREET ADDRESS	20280 RUTHERFORD AVE.
CITY-ST-ZIP	PT. CHARLOTTE FL
TITLE NAME	ST CARLSON, JAY <input checked="" type="checkbox"/> Delete
STREET ADDRESS	1225 TAMiami TRAIL, A-10
CITY-ST-ZIP	PT CHARLOTTE FL
TITLE NAME	D EPPERLY, ED <input checked="" type="checkbox"/> Delete
STREET ADDRESS	1225 TAMiami TRAIL B-11
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VP VALENTI, VINCENT "D" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1225 TAMiami TRAIL, A-2
CITY-ST-ZIP	PT. CHARLOTTE, FL 33953
TITLE NAME	SECRETARY WHALEY, KIPP "T" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1225 TAMiami TRAIL, B-20
CITY-ST-ZIP	PT. CHARLOTTE, FL 33953
TITLE NAME	T MYERS, TERRY W. "T" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1225 TAMiami TRAIL, A-5
CITY-ST-ZIP	PT. CHARLOTTE, FL 33953
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: EDWARD HANSEN 3/15/01 (941)627-9899
SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CPREC037 (10/00)