

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90653 040 \*\*\*\*61.25

0097208

**DOCUMENT # N94000006215**

1. Entity Name

**THE FLORIDA BAT CENTER, INC.**

Principal Place of Business

**10941 BURNT STATE RD  
PUNTA GORDA FL 33955**

Mailing Address

**10941 BURNT STATE RD  
PUNTA GORDA FL 33955**

2. Principal Place of Business

**17097 Glenview Ave.**

3. Mailing Address

**P.O. Box 496422**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Port Charlotte, FL**

City & State

**Port Charlotte, FL**

Zip

**33954**

Country

**Charlotte**

Zip

**33949**

Country

**Charlotte**

4. FEI Number

**59-3291811**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MARKS, CYNTHIA S  
17097 GLENVIEW AVE  
PORT CHARLOTTE FL 33954**

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 Cynthia S. Marks Cynthia S. Marks

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

(NOTE: Registered Agent signature required when reinstating)

3/20/02

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 **D** ☐ Delete  
NAME **MARKS, CYNTHIA S**  
STREET ADDRESS **17097 GLENVIEW AVE**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KERN, SARAH M**  
STREET ADDRESS **840 GARDENIA LN**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DV** ☐ Delete  
NAME **KERN, WILLIAM H JR.**  
STREET ADDRESS **840 GARDENIA LN**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DP** ☐ Delete  
NAME **MARKS, GEORGE E**  
STREET ADDRESS **17097 GLENVIEW AVE**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT** ☐ Delete  
NAME **GINGERICH, DR. JERRY L**  
STREET ADDRESS **27475 CLEVELAND AVE**  
CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS** ☐ Delete  
NAME **THOMAS, TISH**  
STREET ADDRESS **3670 BAL HBR BV AP 2F**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Change ☐ 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: George E. Marks George E. Marks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02

Date

941-627-4180

Daytime Phone #

CR2E037 (9/01)