

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90120 008 ****61.25

DOCUMENT # N94000006215

1. Entity Name

THE FLORIDA BAT CENTER, INC.



Principal Place of Business

**17097 GLENVIEW AVENUE
PORT CHARLOTTE FL 33954**

Mailing Address

**PO BOX 496422
PORT CHARLOTTE FL 33949**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **P.O. Box 494692**
CITY-ST-ZIP **Port Charlotte, FL 33949**

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:

Synthia S. Marks

Cynthia S. Marks 3/31/03 941-627-4180

CR2E037 (10/02)

Attachment#

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The instructions state that non-profits need to list all directors. The following is the balance of the list.

D No change
Nancy Douglass
1607 Tomahawk Trail
Lakeland, FL 33813

D No Change
John Seyjagat
1309 NW 192nd Avenue
Gainesville, FL 32609