FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2001 8:00 am **DOCUMENT # 702815 Secretary of State** 03-29-2001 90414 009 ****61.25 CULTURAL CENTER OF CHARLOTTE COUNTY, INC. Principal Place of Business Mailing Address 2280 AARON STREET 2280 AARON STREET 00029692 P O BOX 3060 P O BOX 3060 PORT CHARLOTTE FL 33949-3060 PORT CHARLOTTE FL 33949-3060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1286577 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PERGA, KERRY D 127 CRESCENT DRIVE PUNTA GORDA FL 33950 City Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be **FEE IS \$61.25** Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 · . OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE JOHNSON, MARCUS NAME NAME STREET ADDRESS STREET ADDRESS 2280 AARON - P.O. BOX 3060 CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL Change ☐ Addition **CEO** TITLE ☐ Delete TITLE RILEY, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 25552 BANFF LANE CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL 33983** TITLE ☐ Delete TITLE ☐ Change Addition NAME POWELL, DAVID NAME STREET ADDRESS 1043 TROPICAL AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PORT CHARLOTTE FL 33948 Delete TITI F ☐ Change TITLE ☐ Addition NAME SWING, ANNE MRS. NAME STREET ADDRESS STREET ADDRESS 24010 HARBORVIEW RD. CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE HARBOR FL T(T) F ☐ Delete TITLE Change ☐ Addition PRICE, JACK NAME STREET ADDRESS 639 E HARGREAVES AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33950 TITLE Delete TITLE TREAS XX Addition ☐ Change NAME HAGEMAN, JAMES NAME Jack Goldrosen STREET ADDRESS 2416 MAURITANIA STREET ADDRESS 1222 Waterside St. CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33983 Port Charlotte, FL 33952

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 trusted 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:

SUPERED SECURED GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/2001 941-625-4175