# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 13, 2000 8:00 am**
**Secretary of State**
03-13-2000 90019 048 ****70.00

DOCUMENT # 710415

1. Entity Name

EL JOBEAN COMMUNITY LEAGUE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 14344 JAMISON WAY<br>P.O. BOX 27123<br>EL JOBEAN FL 33927 | 14344 JAMISON WAY<br>P.O. BOX 27123<br>EL JOBEAN FL 33927-7123 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-2793800 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| CHARLES, SARA<br>14359 JAMISON WAY<br>PORT CHARLOTTE FL 33953 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Sara L Charles 3-1-2000

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 Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MARTEN, WAYNE<br>3830 BRAVO<br>PORT CHARLOTTE FL 33953 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>BARTLEY, HENRIETTA<br>4326 JAY COX ROAD<br>PT CHARLOTTE FL 33953 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>EDWARDS, MARY L<br>3587 GILLOT BLVD<br>PORT CHARLOTTE FL 33981 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>CHARLES, SARA<br>14359 JAMISON WAY<br>PORT CHARLOTTE FL 33953 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BERINI, TIM<br>4470 NUTSEDGE<br>PORT CHARLOTTE FL 33953 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BOYD, JOYCE<br>14317 WORTHWHILE<br>PORT CHARLOTTE FL 33953 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** Wayne J K Marten 3/7/00 941-629-6326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #