2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
02-21-2002 90176 017 ****61.25

DOCUMENT # 712185

1. Entity Name

PUNTA GORDA-PORT CHARLOTTE-NORTH PORT ASSOCIATIO
N OF REALTORS, INC.

Principal Place of Business	Mailing Address
3320 LOVELAND BLVD. PORT CHARLOTTE FL 33980 US	3320 LOVELAND BLVD. PORT CHARLOTTE FL 33980 US

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1264012 ☐ 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
HACKETT, JACK O 115 EAST OLYMPIA AVENUE PUNTA GORDA FL 33950	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 ______________________________
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 MORGAN, EDWIN 4456 TAMIAMI TR PORT CHARLOTTE FL 33980	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marvin Rohling 3251 Tamiami Tr. Port Charlotte, Fl33952	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUMBAUGH, JAMES 309 TAMIAMI TRAIL PUNTA GORDA FL 33950	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Judy Jirout 3320 Loveland Blvd. Port Charlotte, FL 33980	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITE, NORM 2369 RISKEN TERR PORT CHARLOTTE FL 33981	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAYMAN, GERI 1934 TAMIMAI TRAIL PORT CHARLOTTE FL 33948	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Barb South 1980 Kings HIghway Blvd. Port Charlotte, FL 33980	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITE, NORM 2369 RISKEN TERR PORT CHARLOTTE FL 33981	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cynthia Logan 1980 Kings HIghway Blvd. Port Charlotte, Fl 33980	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVESEN, MICHAEL 4889 TAMIAMI TR PORT CHARLOTTE FL 33980	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: SIGNATURE REQUIRED 2-8-02 941-629-8261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)