

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717665

1. Entity Name

CHARLOTTE COUNTY HEALTH PLUS COMMUNITY ACTION, I

Principal Place of Business

Mailing Address

3082 TAMiami TRAIL
P.O. BOX 2038
PORT CHARLOTTE FL 33949-9038

3082 TAMiami TRAIL
P.O. BOX 2038
PORT CHARLOTTE FL 33949-2038

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

59-1358912

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

MOFFETT, JAMES D
2857 SANGHO PANZA CT
PUNTA GORDA FL 33950

Name
Anthony Triulzi

Street Address (P.O. Box Number is Not Acceptable)
534 Via Cinta

City
Punta Gorda

FL

Zip Code
33950

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

Anthony Triulzi, President

3/20/2000

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MOFFETT, JAMES D	
STREET ADDRESS	2857 SANGHO PANZA CT	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	UPDEGRAFF, ROBERT J	
STREET ADDRESS	2211 ABBOTT ST	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DANIELS, GEORGE	
STREET ADDRESS	217 VENEZIA CT	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANDS, JAMES	
STREET ADDRESS	23053 WESTCHESTER BLVD R212	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	D - VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	GLORIUS, MARTHA	
STREET ADDRESS	2395 HARBOR BLVD. # 302	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, RALPH	
STREET ADDRESS	23438 MCCANDLESS AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony Triulzi	
STREET ADDRESS	534 Via Cinta	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert King	
STREET ADDRESS	1515 Forrest Nelson Blvd	
CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence Altman	
STREET ADDRESS	11354 Essex Drive	
CITY-ST-ZIP	Lake Suzy, FL 34266	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Milada Loewe	
STREET ADDRESS	18362 Hottelet Circle	
CITY-ST-ZIP	Port Charlotte, FL 33954	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marsha Normoyle	
STREET ADDRESS	22301 Priscilla Ave.	
CITY-ST-ZIP	Port Charlotte, FL 33954	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Madeleine Nystrom	
STREET ADDRESS	173 Coconut St.	
CITY-ST-ZIP	Charlotte Harbor, FL 33980	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Triulzi, President

3/20/00

941-625-4343

Date

Daytime Phone #

CR2E037 (9/99)