

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90062 014 ****61.25

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 33949-9038**

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

**TRIULZI, ANTHONY
534 VIA CINTA
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 ☐ Delete
NAME **P**
STREET ADDRESS **TRIULZI, ANTHONY**
CITY-ST-ZIP **534 VIA CINTA
PUNTA GORDA FL 33950**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Loewe, Milada**
CITY-ST-ZIP **18362 Hottelet Circle
Port Charlotte, FL 33948**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **KING, ROBERT**
CITY-ST-ZIP **1515 FORREST NELSON DR
PORT CHARLOTTE FL 33952**

TITLE ☐ Change ☒ Addition
NAME **Mocny, Richard**
STREET ADDRESS **(director)**
CITY-ST-ZIP **1424 Sea Gull Court
Punta Gorda, FL 33950**

TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **DANIELS, GEORGE**
CITY-ST-ZIP **217 VENEZIA CT
PUNTA GORDA FL**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Normoyle, Marsha**
CITY-ST-ZIP **22301 Priscilla Ave.
Port Charlotte, FL 33954**

TITLE ☐ Delete
NAME **D-Secretary**
STREET ADDRESS **ALTMAN, LAWRENCE**
CITY-ST-ZIP **11354 ESSEX DR
PORT CHARLOTTE FL 33954**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Gini Westfall**
CITY-ST-ZIP **2395 Harbor Blvd. #212-A
Port Charlotte, FL 33952**

TITLE ☐ Delete
NAME **DVP**
STREET ADDRESS **GLORIUS, MARTHA**
CITY-ST-ZIP **2395 HARBOR BLVD. # 302
PORT CHARLOTTE FL**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Nystrom, Madeleine**
CITY-ST-ZIP **2395 Harbor Blvd. #B-117
Port Charlotte, FL 33952**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ROBINSON, RALPH**
CITY-ST-ZIP **23438 MCCANDLESS AVE
PORT CHARLOTTE FL**

TITLE ☐ Change ☐ Addition
NAME **Director**
STREET ADDRESS **Royce Wallace**
CITY-ST-ZIP **21260 Brinson Ave. Unit 110
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 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
Signature and typed or printed name of signing officer or director

Anthony Triulzi

4/3/2001

(941)

625-4343

CR2E037 (10/00)