

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717665

1. Entity Name

CHARLOTTE COUNTY HEALTH PLUS COMMUNITY ACTION, I
NC.

Principal Place of Business

Mailing Address

3082 TAMiami TRAIL
P.O. BOX 2038x 494037
PORT CHARLOTTE FL 33949-9038x 4037

3082 TAMiami TRAIL
P.O. BOX 2038x 494037
PORT CHARLOTTE FL 33949-9038x 4037

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 NAME STREET ADDRESS CITY-ST-ZIP	P TRIULZI, ANTHONY 534 VIA CINTA PUNTA GORDA FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, ROBERT 1515 FORREST NELSON DR PORT CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOEWE, MILADA 18362 HOTTELET CIRCLE PORT CHARLOTTE FL 33948	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTMAN, LAWRENCE 11354 ESSEX DR PORT CHARLOTTE FL 33954	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GLORIUS, MARTHA 2395 HARBOR BLVD. # 302 PORT CHARLOTTE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, RALPH 23438 MCCANDLESS AVE PORT CHARLOTTE FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mary Loucks 2395 Harbor Ave. #A-202 Port Charlotte, FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Hull 201 Lambert St. Port Charlotte, FL 33948	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Norma Lynch 255 Kensington St. Port Charlotte, FL 33954	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Anthony Triulzi

4/23/02

941-625-4343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0084285

CR2E037 (9/01)