

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720745

1. Entity Name

BIG BROTHERS/BIG SISTERS OF CHARLOTTE COUNTY, IN

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90109 047 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3440 CONWAY BLVD.  
BLDG. 1. SUITE D  
PORT CHARLOTTE FL 33952

3440 CONWAY BLVD.  
BLDG. 1. SUITE D  
PORT CHARLOTTE FL 33952-7000

2. Principal Place of Business

3. Mailing Address

same

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

same

same

City & State

City & State

same

same

Zip

Country

Zip

Country

same

Charlotte

4. FEI Number

59-1408072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALWOOD, ROBERT  
22457 GLEN AVE  
PORT CHARLOTTE FL 33980

Name Michael Anderson

Street Address (P.O. Box Number is Not Acceptable)  
15060 Elwood

City Port Charlotte,

FL

Zip Code  
33953

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

*Michael Anderson*

Michael Anderson Pres. Board of Directors

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 VPD ☒ Delete  
NAME ANDERSON, MICHAEL  
STREET ADDRESS 15060 ELWOOD AVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33953

TITLE President ☒ Change ☐ Addition  
NAME Michael Anderson  
STREET ADDRESS 15060 Elwood Ave.  
CITY-ST-ZIP Port Charlotte, Fl., 33953

TITLE PD ☒ Delete  
NAME ALWOOD, ROBERT  
STREET ADDRESS 22457 GLEN AVE  
CITY-ST-ZIP PT CHARLOTTE FL 33980

TITLE Vice President ☒ Change ☐ Addition  
NAME Kathryn Bertani.  
STREET ADDRESS 26201 Madras court.  
CITY-ST-ZIP Port Charlotte Fl., 33983

TITLE SDD ☐ Delete  
NAME BERTANI, KATHRYN  
STREET ADDRESS 26201 MADRAS COURT  
CITY-ST-ZIP PUNTA GORDA FL 33983

TITLE Treasurer ☒ Change ☐ Addition  
NAME Richard Schmith  
STREET ADDRESS 281 Ginger St.  
CITY-ST-ZIP Port Charlotte, Fl., 33954

TITLE TD ☐ Delete  
NAME SCHMITH, RICHARD  
STREET ADDRESS 467 CHAMBER ST  
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE Secretary ☐ Change ☒ Addition  
NAME Sally Jones  
STREET ADDRESS 6540 Pinewood Lane  
CITY-ST-ZIP Punta Gorda, Fl., 33982

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Michael Anderson* Michael Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR:

Date

941-625-6164  
Daytime Phone #

CR2E037 (9/99)