

# 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 <b>3440 CONWAY BLVD. BLDG. 1, SUITE D PORT CHARLOTTE FL 33952</b>	Mailing Address <b>3440 CONWAY BLVD. BLDG. 1, SUITE D PORT CHARLOTTE FL 33952-7000</b>
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>same</b>	3. Mailing Address <b>same</b>
Suite, Apt. #, etc. <b>same</b>	Suite, Apt. #, etc. <b>same</b>
City & State <b>same</b>	City & State <b>same</b>
Zip <b>same</b>	Country <b>Charlotte</b>

4. FEI Number <b>59-1408072</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

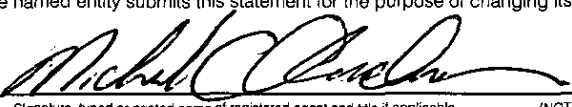
6. Name and Address of Current Registered Agent

**ALWOOD, ROBERT  
22457 GLEN AVE  
PORT CHARLOTTE FL 33980**

7. Name and Address of New Registered Agent

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 Pres. Board of Directors**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS

TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>ANDERSON, MICHAEL</b>	
STREET ADDRESS <b>15060 ELWOOD AVE</b>	
CITY-ST-ZIP <b>PORT CHARLOTTE FL 33953</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>ALWOOD, ROBERT</b>	
STREET ADDRESS <b>22457 GLEN AVE</b>	
CITY-ST-ZIP <b>PT CHARLOTTE FL 33980</b>	
TITLE <b>SDD</b>	<input type="checkbox"/> Delete
NAME <b>BERTANI, KATHRYN</b>	
STREET ADDRESS <b>26201 MADRAS COURT</b>	
CITY-ST-ZIP <b>PUNTA GORDA FL 33983</b>	
TITLE <b>TD</b>	<input type="checkbox"/> Delete
NAME <b>SCHMITH, RICHARD</b>	
STREET ADDRESS <b>467 CHAMBER ST</b>	
CITY-ST-ZIP <b>PORT CHARLOTTE FL 33948</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Michael Anderson</b>	
STREET ADDRESS <b>15060 Elwood Ave.</b>	
CITY-ST-ZIP <b>Port Charlotte, Fl., 33953</b>	
TITLE <b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Kathryn Bertani.</b>	
STREET ADDRESS <b>26201 Madras court.</b>	
CITY-ST-ZIP <b>Port Charlotte Fl., 33983</b>	
TITLE <b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Richard Schmith</b>	
STREET ADDRESS <b>281 Ginger St.</b>	
CITY-ST-ZIP <b>Port Charlotte, Fl., 33954</b>	
TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Sally Jones</b>	
STREET ADDRESS <b>6540 Pinewood Lane</b>	
CITY-ST-ZIP <b>Punta Gorda, Fl., 33982</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DATE 941-625-6164 Daytime Phone #

CR2E037 (9/99)