

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90004 015 ****61.25

DOCUMENT # 720745

1. Entity Name

BIG BROTHERS/BIG SISTERS OF CHARLOTTE COUNTY, IN

Principal Place of Business

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

Mailing Address

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

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

59-1408072

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

**ANDERSON, MICHAEL
15060 ELWOOD
PORT CHARLOTTE FL 33953**

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

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

TITLE VPD ☐ Delete
NAME BERTANI, KATHRYN
STREET ADDRESS 26201 MADRAS COURT
CITY-ST-ZIP PORT CHARLOTTE FL 33983

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

TITLE T ☒ Delete
NAME SCHMITH, RICHARD
STREET ADDRESS 281 GINGER ST
CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE Treasurer ☐ Change ☒ Addition
NAME Daniel Wright
STREET ADDRESS 21246 Covington Ave. Port Charlotte, FL
CITY-ST-ZIP 33953

TITLE S ☐ Delete
NAME JONES, SALLY
STREET ADDRESS 6540 PINWOOD LANE
CITY-ST-ZIP PUNTA GORDA FL 33982

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/01 941-625-6164

CR2E037 (10/00)