

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90176 036 \*\*\*\*61.25

**DOCUMENT # 720745**

1. Entity Name  
**BIG BROTHERS/BIG SISTERS OF CHARLOTTE COUNTY, IN  
C.**



Principal Place of Business Mailing Address  
**1440 CONWAY BLVD. 3440 CONWAY BLVD.**  
**3LDG. 1. SUITE D BLDG. 1. SUITE D**  
**PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952**

2. Principal Place of Business 3. Mailing Address  
**Same as above Same as above**  
Suite, Apt. #, etc. Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number **59-1408072** Applied For  
Not Applicable  
Zip Country Zip Country 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 Name Stephanie Zola**  
**15060 ELWOOD Street Address (P.O. Box Number is Not Acceptable)**  
**PORT CHARLOTTE FL 33953 3330 Loveland**  
**3330 Loveland Blvd. #904**  
City **Port Charlotte** **FL** Zip Code **33980**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stephanie Zola* Board President  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, MICHAEL 15060 ELWOOD AVE PORT CHARLOTTE FL 33953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board President Stephanie Zola 3330 Loveland Blvd. #904 Port Charlotte, FL 33980 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZOLA, STEPHANIE 3300 LOVELAND PORT CHARLOTTE FL 33983 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Board Jack Reith 2335 Bendway Drive Port Charlotte FL 33948 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, SALLY 6540 PINWOOD LANE PUNTA GORDA FL 33982 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Melissa Doyle 23046 Harbor View Charlotte Harbor, FL 33980 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WRIGHT, DANIEL 21246 COVINGTON AVE. PORT CHARLOTTE FL 33953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Nancy Barrow 12307 McCall Rd Port Charlotte, FL 33981 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

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: *Stephanie Zola* **2-14-03**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #