

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90130 009 ****61.25

DOCUMENT # 721167

1. Entity Name

CHARLOTTE COUNTY FAMILY YOUNG MEN'S CHRISTIAN AS
SOCIATION, INCORPORATED

Principal Place of Business

2000 TAMiami TRAIL
UNIT #217
PORT CHARLOTTE FL 33948

Mailing Address

2000 TAMiami TRAIL
UNIT 217
PORT CHARLOTTE FL 33948
US

2. Principal Place of Business

19333 Quesada Ave

3. Mailing Address

Same (19333 Quesada Ave)

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port Charlotte, FL

City & State

4. FEI Number

23-7193663

Applied For

Not Applicable

Zip

33948

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

DOUGLAS, DAVID L
2000 TAMiami TRIAL
UNIT 217

PORT CHARLOTTE FL 33948

Name

Paul Versnik

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

19333 Quesada Ave

City

Port Charlotte

FL

Zip Code

33948

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

Paul Versnik PAUL VERSNIK C.E.O.

1/15/02

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 V
NAME LANE, DIEDRICK
STREET ADDRESS 20987 KEARNEY AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

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

TITLE D
NAME ROSETTER, JACK
STREET ADDRESS 366 E OLYMPIA AVE
CITY-ST-ZIP PUNTA GORDA FL 33950 ☒ Delete

TITLE
NAME Jan Ehrenfeld
STREET ADDRESS 19351 Toledo Blvd.
CITY-ST-ZIP Port Charlotte, FL 33948 ☐ Change ☒ Addition

TITLE D
NAME SAMSON, ROSEANN
STREET ADDRESS 1016 EDUCATION AVENUE
CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Delete

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

TITLE S
NAME PUTTER, JOSHUA
STREET ADDRESS 8095 MARION AVE
CITY-ST-ZIP PUNTA GORDA FL 33950 ☒ Delete

TITLE
NAME SAM SANDERS
STREET ADDRESS 2911 CARIBBEAN DRIVE
CITY-ST-ZIP PUNTA GORDA, FL 33950 ☐ Change ☒ Addition

TITLE T
NAME GRAHAM, KEVIN
STREET ADDRESS 2762 A TAMiami TR
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

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

TITLE P
NAME CASEY, LOLA
STREET ADDRESS 1617 TAMiami TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL 33948 ☐ Delete

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

Paul Versnik PAUL VERSNIK C.E.O.

1/15/02

DATE

219-629-0909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (9/01)