

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90207 042 ****61.25

DOCUMENT # 724453

1. Entity Name

THE CHARLOTTE COUNTY BAR ASSOCIATION, INC



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

18501 MURDOCK CIRCLE
 6TH FLOOR
 PORT CHARLOTTE FL 33948
 US

P. O. BOX 512
 P O BOX 512
 PUNTA GORDA FL 33951
 US

2. Principal Place of Business

4055 Tamiami Trail

3. Mailing Address

P.O. Box 512

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A4

City & State

City & State

Port Charlotte, FL

Punta Gorda, FL

4. FEI Number

23-7350032

Applied For

Not Applicable

Zip

Country

33952

USA

Zip

Country

33951

USA

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

RUSSELL, W.K.
 18501 MURDOCK CIRCLE
 6TH FLOOR
 PORT CHARLOTTE FL 33948

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 D
 NAME MIZELL, JOHN B.
 STREET ADDRESS 223 TAYLOR ST
 CITY-ST-ZIP PUNTA GORDA FL 33950 ☒ Delete

TITLE D
 NAME Russell, W.K.
 STREET ADDRESS 18501 Murdock Circle, 6th Floor
 CITY-ST-ZIP Port Charlotte, FL 33948 ☐ Change ☐ Addition

TITLE PD
 NAME RUSSELL, W. K.
 STREET ADDRESS 18501 MURDOCK CIRCLE, 6TH FLOOR
 CITY-ST-ZIP PORT CHARLOTTE FL 33948 ☐ Delete

TITLE PD
 NAME Russell Kirshy
 STREET ADDRESS 4055 Tamiami Trail, Ste. A4
 CITY-ST-ZIP Port Charlotte, FL 33952 ☐ Change ☐ Addition

TITLE VPD
 NAME KIRSHY, RUSSELL T.
 STREET ADDRESS 201 WEST MARION AVE., SUITE 104
 CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Delete

TITLE VPD
 NAME Peter Bell
 STREET ADDRESS 322 Tamiami Trail, Suite 20
 CITY-ST-ZIP Punta Gorda, FL 33950 ☐ Change ☐ Addition

TITLE STD
 NAME BELL, PETER A.
 STREET ADDRESS 318 TAMIAMI TRAIL, SUITE A-8
 CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Delete

TITLE STD
 NAME Warren R. Ross
 STREET ADDRESS 223 Taylor Street
 CITY-ST-ZIP Punta Gorda, FL 33950 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED

4/26/00

Date

Daytime Phone #

CR2E037 (9/99)