

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724453

1. Entity Name

THE CHARLOTTE COUNTY BAR ASSOCIATION, INC

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90038 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4055 TAMiami TR  
A4  
PORT CHARLOTTE FL 33952  
US

P. O. BOX 512  
P O BOX 512  
PUNTA GORDA FL 33951-7512  
US

2. Principal Place of Business

18501 MURDOCK CIRCLE

3. Mailing Address

P. O. Box 510512

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6TH FLOOR

City & State

City & State

PORT CHARLOTTE, FL

Punta Gorda, FL

Zip

Country

Zip

Country

33948

USA

33951

USA

4. FEI Number

23-7350032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 PD  
NAME RUSSELL, W. K. ☒ Delete  
STREET ADDRESS 4055 TAMiami TR STE A4  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE PD ☐ Change ☒ Addition  
NAME ROSS, WARREN  
STREET ADDRESS 223 TAYLOR ST.  
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE VPD ☒ Delete  
NAME KIRSHY, RUSSELL T.  
STREET ADDRESS 322 TAMiami TR STE 20  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE VPD ☐ Change ☒ Addition  
NAME ROSS, WARREN  
STREET ADDRESS 223 TAYLOR ST.  
CITY-ST-ZIP PUNTA GORDA, FL 33950

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

TITLE STD ☐ Change ☒ Addition  
NAME HANAOKA, LOUISE  
STREET ADDRESS 18501 MURDOCK CIRCLE, 6TH FL  
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

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

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 #

1/12/01 (941) 625-0700

CR2E037 (10/00)