

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724453

1. Entity Name

THE CHARLOTTE COUNTY BAR ASSOCIATION, INC

Principal Place of Business

18501 MURDOCK CIRCLE
6TH FLOOR
PORT CHARLOTTE FL 33948
US

Mailing Address

PO BOX 510512
PUNTA GORDA FL 33951
US

2. Principal Place of Business

223 Taylor Street
Suite, Apt. #, etc.

3. Mailing Address

223 Taylor Street
Suite, Apt. #, etc.

City & State

Punta Gorda, FL

City & State

Punta Gorda, FL

Zip
33950

Country
USA

Zip
33950

Country
USA

4. FEI Number

23-7350032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Louise Hanaoka

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

18501 Murdock Circle

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, WARREN 223 TAYLOR ST PUNTA GORDA FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROSS, WARREN 223 TAYLOR ST PUNTA GORDA FL 33950	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HANAOKA, LOUISE 18501 MURDOCK CIRCLE 6TH FLOOR PORT CHARLOTTE FL 33948	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Hanaoka, Louise 18501 Murdock Circle 6th Floor Port Charlotte, FL 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Robert Koch 18401 Murdock Circle Port Charlotte, FL 33948	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mark Draper 99 Nesbit Street Port Charlotte, FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/02

Daytime Phone #

941-639-2171

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90210 014 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)