

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752810

1. Entity Name

CHARLOTTE COUNTY COUNCIL ON AGING, INC.

Principal Place of Business

22119 ELMIRA BLVD.
SUITE 2
PORT CHARLOTTE FL 33952
US

Mailing Address

22119 ELMIRA BLVD.
SUITE 2
PORT CHARLOTTE FL 33952-7018
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2029676

Applied For

Not Applicable

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

WEST, GALE
22119 ELMIRA BLVD.
SUITE 2
PORT CHARLOTTE FL 33952

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 PTR ☐ Delete
NAME EHRENFELD, JAN
STREET ADDRESS 2885 TAMiami TRAIL
CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE TR ☒ Change ☐ Addition
NAME Jan Ehrenfeld
STREET ADDRESS 17331 Lake Worth Ave.
CITY-ST-ZIP Port Charlotte, FL 33948

TITLE VTR ☐ Delete
NAME OWENS, R NEAL
STREET ADDRESS 4810 DELTONA AVENUE
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE V/TR ☒ Change ☐ Addition
NAME R. Neal Owens
STREET ADDRESS 2305 Aaron Street, #319
CITY-ST-ZIP Port Charlotte, FL 33952

TITLE TTR ☐ Delete
NAME WEST, GALE
STREET ADDRESS 4810 DELTONA AVE
CITY-ST-ZIP PUNTA GORDA FL 33950

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

TITLE ST ☐ Delete
NAME SULFRIDGE, BETTY
STREET ADDRESS 25188 MARION AVE A108
CITY-ST-ZIP PUNTA GORDA FL 33950

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

TITLE TR ☐ Delete
NAME SNYDER, DEBORAH
STREET ADDRESS 23033 WESTCHESTER BLVD
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE P/TR ☒ Change ☐ Addition
NAME Deborah Harrington
STREET ADDRESS 23033 Westchester Blvd.
CITY-ST-ZIP Port Charlotte, FL

TITLE T ☐ Delete
NAME BALA, BRENDA
STREET ADDRESS 8501 MURDOCK CIR
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE TR ☒ Change ☐ Addition
NAME Brenda Bala
STREET ADDRESS 18501 Murdock Circle
CITY-ST-ZIP Port Charlotte, FL 33948

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:

Galena West
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/99

Date

(941) 639-1188

Daytime Phone #

CR2F037 (9/99)