

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752810

1. Entity Name

CHARLOTTE COUNTY COUNCIL ON AGING, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90022 046 ****70.00

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
US

2. Principal Place of Business

3456 Depew Ave.

Suite, Apt. #, etc.

Port Charlotte

City & State

Port Charlotte, FL

Zip

33952

Country

Charlotte

3. Mailing Address

3456 Depew Ave.

Suite, Apt. #, etc.

Port Charlotte

City & State

Port Charlotte, FL

Zip

33952

Country

Charlotte



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

Name

Gale West

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

3456 Depew Ave.

City

Port Charlotte, FL

FL

Zip Code

33952

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
EHRENFELD, JAN
17331 LAKE WORTH AVE
PORT CHARLOTTE FL 33948

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VTR
OWENS, R NEAL
2305 AARIB ST #319
PORT CHARLOTTE FL 33952

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
BALA, BRENDA
18501 MURDOCK CIRCLE
PORT CHARLOTTE FL 33948

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Harrington, Deborah
23033 Westchester Blvd.
Port Charlotte, FL 33980

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:

Gale West

01/29/01

(941) 639-1112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)