

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759249

1. Entity Name

WEST CHARLOTTE COUNTY CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O ANN MERCER  
1990 ILLINOIS AVE  
ENGLEWOOD FL 34224

C/O ANN MERCER  
1990 ILLINOIS AVE  
ENGLEWOOD FL 34224-5420

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

NOT APPLICABLE

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

MERCER, ANN  
1990 ILLINOIS AVE  
ENGLEWOOD FL 34224

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 ☐ Delete  
NAME COY, WILLARD  
STREET ADDRESS 244 MARK TWAIN LANE  
CITY-ST-ZIP ROTONDA WEST FL 33947

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

TITLE VPD ☐ Delete  
NAME POST, MYRON  
STREET ADDRESS 10552 A YEAR RD  
CITY-ST-ZIP PORT CHARLOTTE FL 33981

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

TITLE ASD ☒ Delete  
NAME GETZ, ELIZABETH  
STREET ADDRESS 2121 MICHIGAN AVE  
CITY-ST-ZIP ENGLEWOOD FL

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

TITLE SD ☐ Delete  
NAME PARSONS, RICHARD W  
STREET ADDRESS 1435 LEMON BAY DR  
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE TD ☒ Change ☐ Addition  
NAME PARSONS, RICHARD W  
STREET ADDRESS 1435 LEMON BAY DR  
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE ASD ☐ Delete  
NAME MERCER, ANN  
STREET ADDRESS 1990 ILLINOIS AVE  
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE SD ☒ Change ☐ Addition  
NAME MERCER, ANN  
STREET ADDRESS 1990 ILLINOIS AVE  
CITY-ST-ZIP ENGLEWOOD, FL 34224

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 #

CR2E037 (9/99)