

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759249

1. Entity Name

WEST CHARLOTTE COUNTY CIVIC ASSOCIATION, INC.

Principal Place of Business

C/O ANN MERCER  
1990 ILLINOIS AVE  
ENGLEWOOD FL 34224

Mailing Address

C/O ANN MERCER  
1990 ILLINOIS AVE  
ENGLEWOOD FL 34224

2. Principal Place of Business

C/O Richard W. Parsons  
Suite, Apt. #, etc.  
1435 Lemon Bay Drive

3. Mailing Address

C/O Richard W. Parsons  
Suite, Apt. #, etc.  
1435 Lemon Bay Drive

City & State  
ENGLEWOOD FL

City & State  
ENGLEWOOD FL

Zip  
34223-4221

Country  
USA

Zip  
34223-4221

Country  
USA

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

MERCER, ANN  
1990 ILLINOIS AVE  
ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

Name PARSONS, RICHARD W.  
Street Address (P.O. Box Number is Not Acceptable)  
1435 Lemon Bay Drive  
City ENGLEWOOD FL Zip Code 34223-4221

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 Richard W. Parsons, Treas. RICHARD W. PARSONS 3/4/02  
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 COY, WILLARD 244 MARK TWAIN LANE ROTONDA WEST FL 33947 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POST, MYRON 10552 A YEAR RD PORT CHARLOTTE FL 33981 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARSONS, RICHARD W 1435 LEMON BAY DR ENGLEWOOD FL 34223 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MERCER, ANN 1990 ILLINOIS AVE ENGLEWOOD FL 34224 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARRY, Bernice 8378 Parkside Dr. Englewood, FL 34224 <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
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 the empowered.

SIGNATURE: Richard W. Parsons March 4, 2002 941-474-4207  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Mar 18, 2002 8:00 am  
Secretary of State

03-18-2002 90045 030 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)