

# 2002 UNIFORM BUSINESS REPORT (UBR)

1/

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90083 026 \*\*\*\*70.00

**DOCUMENT # 767246**

1. Entity Name

**GOOD SAMARITANS OF CHARLOTTE COUNTY, INC.**

Principal Place of Business

Mailing Address

304 NESBIT ST  
 ROOM 104, 105  
 PUNTA GORDA FL 33950  
 US

P. O. BOX 3213  
 PORT CHARLOTTE FL 33949  
 US

Box #  
 change

- 72172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**Good Samaritans**

Suite, Apt. #, etc.

**PO Box 494752**

City & State

**Port Charlotte, FL 33949-4752**

City & State

Zip

Country

Zip

Country

**CHARLOTTE**

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

**LICASTRO, GLORIA A**  
**2395 HARBOR BLVD, 311A**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	VP LAWRENCE TEAGUE 1060 HARBOUR WOOD DRIVE PUNTA GORDA FL 33980	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, R NEAL 2305 AARONS PORT CAHRLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SISSON, LOUISE 22438 ASTER AVE PORT CHARLOTTE FL 33980	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, WILLIAM B P.O. BOX 2009 PORT CHARLOTTE FL 33949	<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	MARTHA GLORIOUS 2395 HARBOR BLVD PORT CHARLOTTE, A 302 FL 33952 DIRECTOR	<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
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

1/12/02 1-941-743-6191

Date

Daytime Phone #

CR2E037 (9/01)