

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90098 034 *****61.25

DOCUMENT # N000000000599

1. Entity Name

CHARLOTTE COUNTY COMMUNITY TENNIS ASSOCIATION, I

Principal Place of Business

306 E. OLYMPIA AVE., P.O. BOX 510400
 PUNTA GORDA FL 33951-0400

Mailing Address

306 E. OLYMPIA AVE., P.O. BOX 510400
 PUNTA GORDA FL 33951-0400

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

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROONEY, J. MICHAEL ESQ.
306 E. OLYMPIA AVE.
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KRAUSE, MICHELLE	
STREET ADDRESS	2906 TAMiami TR.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINK, DONNA	
STREET ADDRESS	22400 GLENEAGLE TERR.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCKENDALL, PHYLLIS	
STREET ADDRESS	18417 HOTTELET CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCQUEEN, SHARON	
STREET ADDRESS	P.O. BOX 510837	
CITY-ST-ZIP	PUNTA GORDA FL 33951-0837	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, KATHY	
STREET ADDRESS	1001 WEST MARION AVE., #4	
CITY-ST-ZIP	PUNTA GORDA FL 66950	
TITLE	D	<input type="checkbox"/> Delete
NAME	WETZEL, GAIL	
STREET ADDRESS	P.O. BOX 2897	
CITY-ST-ZIP	PORT CHARLOTTE FL 33949	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Suzie Bessire	
STREET ADDRESS	2498 Celebes Court	
CITY-ST-ZIP	Port Charlotte, FL 33983	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Davis	
STREET ADDRESS	2128 Calcutta Rd.	
CITY-ST-ZIP	Charlotte Harbor, FL 33980	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dale Dremann	
STREET ADDRESS	3800 Bol Harbor Blvd. #411	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)