

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000606

1. Entity Name

CHARLOTTE PERFORMING ARTS CENTER SOCIETY, INC.

Principal Place of Business

Mailing Address

C/O, REXFORD R. KOCH, CPA
252 W. OLYMPIA AVENUE
PUNTA GORDA FL 33950

C/O REXFORD R. KOCH, CPA
252 W. OLYMPIA AVENUE
PUNTA GORDA FL 33950

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

41-2044053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIFRIT, ROBERT C
2315 AARON STREET
PORT CHARLOTTE FL 33951

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 PD
NAME KLEIN, DAVID M MD
STREET ADDRESS 713 E. MARION AVENUE #204
CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Delete

TITLE VD
NAME GATEFF, ANN K
STREET ADDRESS 27408 MISTY AVENUE
CITY-ST-ZIP PUNTA GORDA FL 33982 ☐ Delete

TITLE SD
NAME DRYBURGH, BILL
STREET ADDRESS 101 TAYLOR STREET
CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Delete

TITLE TD
NAME KOCH, REXFORD R CPA
STREET ADDRESS 252 W. OLYMPIA AVENUE
CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/02 941-1037-0544

Date

Daytime Phone #

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-19-2002 90217 044 ****61.25

91562



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)