

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002180

1. Entity Name

CHARLOTTE COUNTY AIRPORT TENANTS ASSOCIATION, IN
C.

Principal Place of Business

Mailing Address

28000 AIRPORT RD. BOX A-28
PUNTA GORDA FL 33982

28000 AIRPORT RD. BOX A-28
PUNTA GORDA FL 33982

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

65-1084230

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

CARR, DAROL H.M.
28000 AIRPORT RD, BOX A-28
PUNTA GORDA FL 33982

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 DP
NAME CHEYNEY, ROBERT B
STREET ADDRESS 1105 HAWKS NEST CT
CITY-ST-ZIP PUNTA GORDA FL 33950

☐ Delete

TITLE DP
NAME CHEYNEY, ROBERT B.
STREET ADDRESS 7845 MANASOTA KEY RD
CITY-ST-ZIP ENGLEWOOD, FL 34223

☒ Change
Address

☐ Addition

TITLE DV
NAME RILEY, DAVID T
STREET ADDRESS P.O. BOX 240
CITY-ST-ZIP FT OGDEN FL 34267

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE DS
NAME GRUMAN, DAVID T
STREET ADDRESS 838 MADRID BLVD
CITY-ST-ZIP PUNTA GORDA FL 33950

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE DT
NAME YOUNGBLOOD, OWEN R
STREET ADDRESS 97 ROBINA ST
CITY-ST-ZIP PORT CHARLOTTE FL 33954

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME MALECHA, JAMES L
STREET ADDRESS 3628 WISTERIA PL
CITY-ST-ZIP PUNTA GORDA FL 33950

☒ Delete

TITLE D
NAME NORTON, CLAUDE
STREET ADDRESS 26545 ANGELICA RD
CITY-ST-ZIP PUNTA GORDA, FL 33955

☐ Change

☒ Addition

TITLE D
NAME CARR, DANA W
STREET ADDRESS 12280 MARYLAND AVE
CITY-ST-ZIP PUNTA GORDA FL 33955

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02 941-764-8833

Date

Daytime Phone #

CR2E037 (9/01)