

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08734

Entity Name

CHARLOTTE LOCAL EDUCATION FOUNDATION, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90127 024 ****61.25

Principal Place of Business

Mailing Address

116 EDUCATION AVE
PUNTA GORDA FL 33950
US

P.O. BOX 511764
PUNTA GORDA FL 33951-1764
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2592844

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WOTITZKY, EDWARD L.
201 W MARION AVENUE, SUITE 301
PUNTA GORDA FL 33950

Name

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

City

FL

Zip Code

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

FILE NAME	PD	☐ Delete
STREET ADDRESS	DODD, ANDREW	
CITY-ST-ZIP	18050 CANDERBUILT AVENUE PORT CHARLOTTE FL	
FILE NAME	SD	☐ Delete
STREET ADDRESS	BISHOP, LISA	
CITY-ST-ZIP	12077 SW KINSWAY CIRCLE ARCADIA FL	
FILE NAME	TD	☐ Delete
STREET ADDRESS	LORAH, GEOFFREY	
CITY-ST-ZIP	3865 BORDEAUX DRIVE PUNTA GORDA FL	
FILE NAME	VD	☒ Delete
STREET ADDRESS	DELANEY, GENE	
CITY-ST-ZIP	1445 EDUCATION WAY PORT CHARLOTTE FL	
FILE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
FILE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	75 DOUBLON DRIVE
CITY-ST-ZIP	CAPE HAZE, FL 33946
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	12577 SW KINGSWAY CR.
CITY-ST-ZIP	LAKE SUZY, FL 34269
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	PUNTA GORDA, FL 33950
CITY-ST-ZIP	
TITLE	☐ Change ☒ Addition
NAME	VD
STREET ADDRESS	FROHLICH, TAMMY
CITY-ST-ZIP	6500 RIVERSIDE DRIVE PUNTA GORDA, FL 33982
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Geoffrey L. Lorah
Treasurer

Geoffrey L. Lorah
Treasurer

Feb. 6, 2002

941-637-8884

Date

Daytime Phone #

CR2E037 (9/01)