2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90127 008 ****61.25

DOCUMENT # N08734

1. Entity Name
CHARLOTTE LOCAL EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
~~1016 EDUCATION AVE~~ ~~PUNTA GORDA FL 33950~~ ~~US~~	P.O. BOX 511764 PUNTA GORDA FL 33951-1764 US

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1445 EDUCATION WAY	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT CHARLOTTE, FL	City & State
Zip: 33948 Country: USA	Zip Country

4. FEI Number 59-2592844 ☐ 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
WOTITZKY, EDWARD L. ← same ~~201 W MARION AVENUE, SUITE 301~~ → PUNTA GORDA FL 33950 ← same	Name Street Address (P.O. Box Number is Not Acceptable): 223 TAYLOR STREET 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ EDWARD L. WOTITZKY, ESQ. 1-29-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DODD, ANDREW 75 DOUBLOON DRIVE CAPE HAZE FL 33946	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BISHOP, LISA 12577 SW KINGSWAY CR LAKE SUZY FL 34269	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LORAH, GEOFFREY 3865 BORDEAUX DRIVE PUNTA GORDA FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FROHLICH, TAMMY 6500 RIVERSIDE DRIVE PUNTA GORDA FL 33982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 GEOFFREY L. LORAH, TREAS. 1-29-03 941-637-8884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #