

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16164

1. Entity Name

CHARLOTTE VOCATIONAL-TECHNICAL CENTER STUDENT FI

Principal Place of Business

% SCOTT D. ITTERSAGEN
1861 PLACIDA RD., SUITE 204
ENGLEWOOD FL 34223-4957

Mailing Address

% SCOTT D. ITTERSAGEN
1861 PLACIDA RD., SUITE 204
ENGLEWOOD FL 34223-4957

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

59-6000539

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

ITTERSAGEN, SCOTT D.
1861 PLACIDA RD.
SUITE 204
ENGLEWOOD FL 33533

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 PD
NAME WILLIS, JUDITH R
STREET ADDRESS 18300 TOLEDO BLADE BLVD
CITY-ST-ZIP PORT CHARLOTTE FL

☐ Change ☐ Addition

TITLE D
NAME PADGETT, NANCY
STREET ADDRESS 1931 TAMiami TrL
CITY-ST-ZIP PORT CHARLOTTE FL 33948

☐ Change ☐ Addition

TITLE D
NAME ANZALONE, CHARLES
STREET ADDRESS FISHERMAN'S VILLAGE
CITY-ST-ZIP PUNTA GORDA FL 33950

☐ Change ☐ Addition

TITLE D
NAME KUNZWEILER, EDWARD
STREET ADDRESS 23013 WESTCHESTER BOULEVARD
CITY-ST-ZIP PORT CHARLOTTE FL 33980

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Judith R. Willis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-01 (941) 255-7500

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90181 030 ***61.25

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DO NOT WRITE IN THIS SPACE