

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17920

1. Entity Name

CHARLOTTE HARBOR SCHOOL EDUCATIONAL FOUNDATION,

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90075 032 ****61.25

Principal Place of Business	Mailing Address
C/O BERNARD A. DUFFY 22450 HANCOCK AVENUE CHARLOTTE HARBOR FL 33980 US	C/O BERNARD A. DUFFY 22450 HANCOCK AVENUE CHARLOTTE HARBOR FL 33980-2173 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2758814	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
DUFFY, BERNARD A. 22450 HANCOCK AVENUE CHARLOTTE HARBOR FL 33980

7. Name and Address of New Registered Agent
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	<i>Bernard A. Duffy</i>	DATE	4-25-00
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	PAXTON, BILL
STREET ADDRESS	92 MARK TWAIN LANE
CITY-ST-ZIP	ROTONDA WEST FL
TITLE	TD
NAME	LEHEW, CHERYL
STREET ADDRESS	2707 ST THOMAS DR
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	SD
NAME	RICKER, GAIL
STREET ADDRESS	487 CARTEGENA ST
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	VD
NAME	MCBRIDE, KAREN
STREET ADDRESS	4490 GRASSY POINT BLVD
CITY-ST-ZIP	PT. CHARLOTTE FL
TITLE	D
NAME	HEMMERLE, BETTY
STREET ADDRESS	1601 PARK BEACH CIRCLE
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	D
NAME	MUNGOVAN, ROBERT
STREET ADDRESS	2470 PEBBLE CREEK PLACE
CITY-ST-ZIP	PORT CHARLOTTE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD
NAME	Catherine Hile
STREET ADDRESS	2308 Mauritania Road
CITY-ST-ZIP	Punta Gorda, FL 33983
TITLE	
NAME	4944 BRONCO RD.
STREET ADDRESS	PUNTA GORDA FL 33982
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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:	<i>Catherine Hile</i>	DATE	4-25-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E037 (9/99)