

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N17920**

1. Entity Name

**CHARLOTTE HARBOR SCHOOL EDUCATIONAL FOUNDATION,
INC.**

Principal Place of Business

**C/O RON CARMANY
22450 HANCOCK AVENUE
CHARLOTTE HARBOR FL 33980
US**

Mailing Address

**C/O RON CARMANY
22450 HANCOCK AVENUE
CHARLOTTE HARBOR FL 33980
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2758814**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARMANY, RON
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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	HILE, CATHERINE	2308 MAURITANIA RD	PUNTA GORDA FL 33983	<input type="checkbox"/>

TD	LEHEW, CHERYL	4944 BRONCO RD	PUNTA GORDA FL 33982	<input type="checkbox"/>
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SD	RICKER, GAIL	487 CARTEGENA ST	PORT CHARLOTTE FL	<input type="checkbox"/>
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VD	MCBRIDE, KAREN	4490 GRASSY POINT BLVD	PT. CHARLOTTE FL	<input type="checkbox"/>
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D	WILLIAMS, SHARRON	2272 GIMLET ST.	PORT CHARLOTTE FL 33948	<input type="checkbox"/>
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D	MUNGOVAN, ROBERT	2470 PEBBLE CREEK PLACE	PORT CHARLOTTE FL	<input type="checkbox"/>
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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

Date

Daytime Phone #

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90248 008 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)