

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90024 003 ****61.25

0071332

DOCUMENT # N19597

1. Entity Name

VISUALLY IMPAIRED PERSONS OF CHARLOTTE COUNTY, F

Principal Place of Business

23312-HARPER AVE.
 CHARLOTTE HARBOR FL 33980

Mailing Address

23312-HARPER AVE.
 CHARLOTTE HARBOR FL 33980

2. Principal Place of Business

23312 Harper Ave.

Suite, Apt. #, etc.

3. Mailing Address

23312 Harper Ave.

Suite, Apt. #, etc.

City & State

Charlotte Harbor

City & State

FL

4. FEI Number

59-2857089

Applied For

Not Applicable

Zip

33980

Country

USA

Zip

33980

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GILMORE, V. SHIRLEY
 21285 PEMBERTON AVE.
 PORT CHARLOTTE FL 33952

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 \$61.25

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

TITLE CD ☐ Delete
 NAME MOORE, CLUNTON
 STREET ADDRESS 23098 TROY AVE
 CITY-ST-ZIP PORT CHARLOTTE FL

TITLE SD ☐ Delete
 NAME HALON, BERNIE
 STREET ADDRESS 2305-PELLAM BLVD.
 CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D ☒ Delete
 NAME LUPPE, EDWARD
 STREET ADDRESS 21280-BRINSON AVE, APT 113
 CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D ☒ Delete
 NAME LESLIE, ROBERT
 STREET ADDRESS 3006 CARING WAY
 CITY-ST-ZIP PT CHARLOTTE FL

TITLE D ☐ Delete
 NAME MATSON, LAWRENCE
 STREET ADDRESS 20106 DANTE ST
 CITY-ST-ZIP PORT CHARLOTTE FL

TITLE EXD ☐ Delete
 NAME GILMORE, VIRGINIA S
 STREET ADDRESS 21285-PENBERTON AVE.
 CITY-ST-ZIP PORT CHARLOTTE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S ☐ Change ☐ Addition
 NAME HANLON (SPELLING CORRECTION)
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T ☒ Change ☐ Addition
 NAME DARLINGTON, DONALD
 STREET ADDRESS 251 E. TARPON BLVD.
 CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE ☒ Change ☐ Addition
 NAME MC GINNESS, ROBERT
 STREET ADDRESS 1000 VIA FORMIA
 CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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: *Virginia S Gilmore* Exec. Director 3/15/01 (941) 525-3501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)