

2001 UNIFORM BUSINESS REPORT (UBR)

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

0071332

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

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.

3. Mailing Address

23312 Harper Ave.

Suite, Apt. #, etc.

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



DO NOT WRITE IN THIS SPACE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	MOORE, CLINTON	
STREET ADDRESS	23098 TROY AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HALON, BERNIE	
STREET ADDRESS	2305-PELLAM BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUPPE, EDWARD	
STREET ADDRESS	21280-BRINSON AVE, APT 113	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LESLIE, ROBERT	
STREET ADDRESS	3006 CARING WAY	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATSON, LAWRENCE	
STREET ADDRESS	20106 DANTE ST	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	EXD	<input type="checkbox"/> Delete
NAME	GILMORE, VIRGINIA S	
STREET ADDRESS	21285-PENBERTON AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANLON (SPELLING CORRECTION)	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARLINGTON, DONALD	
STREET ADDRESS	251 E. TARPON BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC GINNESS, ROBERT	
STREET ADDRESS	1000 VIA FORMIA	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)