

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90016 042 \*\*\*\*61.25

**DOCUMENT # N19597**  
 1. Entity Name  
**VISUALLY IMPAIRED PERSONS OF CHARLOTTE COUNTY, F  
 LORIDA, INC.**

Principal Place of Business      Mailing Address  
**23312 HARPER AVE.**      **23312 HARPER AVE.**  
**CHARLOTTE HARBOR FL 33960**      **CHARLOTTE HARBOR FL 33960**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**23312 Harper Ave.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Charlotte Harbor, FL**  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2857089**      Not Applicable  
 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      **Executive Director**      **1-9-02**  
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       **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>CD</b> <input type="checkbox"/> Delete
NAME	<b>MOORE, CLINTON</b>
STREET ADDRESS	<b>23098 TROY AVE</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>HANLON, BERNIE</b>
STREET ADDRESS	<b>2305 PELLAM BLVD.</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>DARLINGTON, DONALD</b>
STREET ADDRESS	<b>251 E TARPON BLVD</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MCGINNESS, ROBERT</b>
STREET ADDRESS	<b>1000 VIA FORMIA</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>MATSON, LAWRENCE</b>
STREET ADDRESS	<b>20106 DANTE ST</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>
TITLE	<b>EXD</b> <input type="checkbox"/> Delete
NAME	<b>GILMORE, VIRGINIA S</b>
STREET ADDRESS	<b>21285-PENBERTON AVE.</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Thelma J. Krynski</b>
STREET ADDRESS	<b>4219 Buckingham Way</b>
CITY-ST-ZIP	<b>Port Charlotte, FL 33980</b>
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*      **REQUIRED**      **1-09-02**      **(941) 625-8501**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)