

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90030 047 ****61.25

DOCUMENT # N24328

1. Entity Name

CHARLOTTE HARBOR CHAPTER OF NSPI, INC.

Principal Place of Business

258 BANGSBERG RD SE
 9T CHARLOTTE FL 33952
 US

Mailing Address

258 BANGSBERG RD SE
 PT CHARLOTTE FL 33952
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0127624

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROOKS, MITCHELL T
258 BANGSBERG RD SE
PT CHARLOTTE FL 33952

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

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: <input type="checkbox"/> Delete NAME: D BARONE, BARBARA A STREET ADDRESS: PO BOX 380575 N/A CITY-ST-ZIP: MURDOCK FL 33938-0575	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: PD Kathie Huber STREET ADDRESS: 120A Rich St. CITY-ST-ZIP: Venice FL 34292
TITLE: <input type="checkbox"/> Delete NAME: DS WALTERS, WALTER STREET ADDRESS: 1580 MARKET CIRCLE UNIT 1 CITY-ST-ZIP: PORT CHARLOTTE FL 33953	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: VPD Aber, Jeff STREET ADDRESS: PO Box 494771 CITY-ST-ZIP: Port Charlotte FL 33949-4771
TITLE: <input type="checkbox"/> Delete NAME: D MCTIQUE, COLIN STREET ADDRESS: 19800 VETERANS HWY CITY-ST-ZIP: PORT CHARLOTTE FL 33954	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Tb Terhune, Fred STREET ADDRESS: 4288 Pinnacle St. CITY-ST-ZIP: Port Charlotte FL 33980
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: D Hendrickson, Gary STREET ADDRESS: PO Box 21419 CITY-ST-ZIP: Sarasota FL 34276
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: D Cocco, Pete STREET ADDRESS: 18380 Paulson Dr. CITY-ST-ZIP: Port Charlotte FL 33954
TITLE: <input type="checkbox"/> Delete 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Colin McTigue
Colin McTigue

Date

Daytime Phone #

4/30/02 9417646774

CR2E037 (9/01)