

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90290 016 \*\*\*\*61.25

**DOCUMENT # N25206**

1. Entity Name

**EXCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD**

Principal Place of Business

1064 CANAL TERRACE  
 PORT CHARLOTTE FL 33948  
 US

Mailing Address

PO BOX 1282  
 PUNTA GORDA FL 33951  
 US

2. Principal Place of Business

3440 Depew Circle

3. Mailing Address

3440 Depew Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Port Charlotte, Fl.

City & State  
 Port Charlotte, Fl.

4. FEI Number

65-0047150

Applied For

Not Applicable

Zip  
 33952

Country  
 USA

Zip  
 33952

Country  
 USA

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

LEDERER, JOEL O.  
 2733-B TAMiami TRAIL  
 PORT CHARLOTTE FL 33925

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD  
 HENRY, NORMA L.  
 2200 EL CERITO CT  
 PUNTA GORDA FL 33950 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 BOOMHOWER, RAY  
 5229 DUCAN RD  
 PUNTA GORDA FL 33950 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 BROWN, JOHN  
 10303 BURNT STORE ROAD STE 73  
 PUNTA GORDA FL ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 Robert Parker  
 320 Shreve St.  
 Punta Gorda, FL. 33950 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 CUMMINGS, JEAN  
 522 TABOR ST  
 PUNTA GORDA FL 33950 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 HENRY, ROBERT H.  
 2200 EL CERITO CT  
 PUNTA GORDA FL 33950 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 REILLY, MICKEY  
 3334 MIDDLETON ST  
 PORT CHARLOTTE FL 33952 ☐ Delete

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

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 OF NORMA L. HENRY* 3-28-01 941-639-5922  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)