

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37115

1. Entity Name

CHARLOTTE-DESOTO COLLEGE FOUNDATION, INC.

**FILED**  
**Feb 13, 2000 8:00 am**  
**Secretary of State**

02-13-2000 90021 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

8789 SW COUNTY RD 761  
ARCADIA FL 34266  
US

8789 SW COUNTY RD 761  
ARCADIA FL 34266-4447  
US

2. Principal Place of Business

3. Mailing Address

1222 WATERSIDE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT CHARLOTTE FL.

Zip

Country

Zip

Country

33952

4. FEI Number

65-0182868

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

GOLDROSEN, JACK J  
1222 WATERSIDE ST  
PORT 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

T ☐ Delete  
NAME STALKER, SYLVIA  
STREET ADDRESS 2231 HARIET ST  
CITY-ST-ZIP PORT CHARLOTTE FL

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

S ☐ Delete  
NAME SIMMAT, DOROTHY  
STREET ADDRESS 303 BRIDLE PATH  
CITY-ST-ZIP ARCADIA FL

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

VPD ☐ Delete  
NAME HINES, PAUL  
STREET ADDRESS 3250 NE HWY 70  
CITY-ST-ZIP ARCADIA FL 34266

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

D ☒ Delete  
NAME ROSEN, HELEN  
STREET ADDRESS 25941 COLON DR.  
CITY-ST-ZIP PUNTA GORDA FL

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

PD ☐ Delete  
NAME WILLIAMS, LINDSEY  
STREET ADDRESS 1318 SAN MATEO DRIVE  
CITY-ST-ZIP PUNTA GORDA FL

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

D ☐ Delete  
NAME HOBBS, MORAH  
STREET ADDRESS 6027 SAFFORD ST  
CITY-ST-ZIP PUNTA GORDA FL 33950

☐ 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: *Sylvia N. Stalker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SYLVIA N. STALKER

Treas.

2/4/00

Date

941-625-6018

Daytime Phone #

CR2E037 (9/99)