

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90018 005 ****61.25

DOCUMENT # N37115

1. Entity Name

CHARLOTTE-DESOTO COLLEGE FOUNDATION, INC.

Principal Place of Business

P.O. BOX 3615
PORT CHARLOTTE FL 33949-3615
US

Mailing Address

P.O. BOX 3615
PORT CHARLOTTE FL 33949-3615
US

B0007046



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0182868

Applied For

Not Applicable

Zip

Country

Zip

Country

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 -1530**

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

T ☐ Delete
NAME: **STALKER, SYLVIA**
STREET ADDRESS: **2231 HARIET ST**
CITY-ST-ZIP: **PORT CHARLOTTE FL 33952-5509**

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

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

D ☐ Delete
NAME: **ROSEN, HELEN**
STREET ADDRESS: **25941 COLON DR.**
CITY-ST-ZIP: **PUNTA GORDA FL 33983-4225**

PD ☐ Delete
NAME: **WILLIAMS, LINDSEY**
STREET ADDRESS: **1318 SAN MATEO DRIVE**
CITY-ST-ZIP: **PUNTA GORDA FL 33950-6311**

D ☐ Delete
NAME: **HOBBS, MORAH**
STREET ADDRESS: **6027 SAFFORD ST**
CITY-ST-ZIP: **PUNTA GORDA FL 33950 8375**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
KIRKPATRICK, JUDY M.

☒ Change ☐ Addition
TITLE:
NAME: **3057 SE Lovejoy Street**
STREET ADDRESS: **Arcadia, FL 34266**
CITY-ST-ZIP:
34266

☐ Change ☐ Addition
TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
34266

☐ Change ☐ Addition
TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
34266

☐ Change ☐ Addition
TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
34266

☐ Change ☐ Addition
TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
34266

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

01/10/01

(941) 625-6018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)