

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90337 029 ****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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 495596

Suite, Apt. #, etc.

City & State
 PORT CHARLOTTE, FL.

Zip
 33749-5596

Country
 USA

4. FEI Number

65-0182868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOLDROSEN, JACK J
 1222 WATERSIDE ST
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STALKER, SYLVIA 2231 HARIET ST PORT CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIRKPATRICK, JUDY M 3057 SE LOVEJOY STREET ARCADIA FL 34266	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HINES, PAUL 3250 NE HWY 70 ARCADIA FL 34266	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, HELEN 25941 COLON DR. PUNTA GORDA FL 33983	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, LINDSEY 1318 SAN MATEO DRIVE PUNTA GORDA FL 33950	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBBS, MORAH 6027 SAFFORD ST PUNTA GORDA FL 33950	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D DAVIS, DR. MARIAN 23023 WESTCHESTER BLVD APT C416 PORT CHARLOTTE, FL 33780-5400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D GOLDROSEN, JACK 1222 WATERSIDE ST. PORT CHARLOTTE, FL. 33952-1530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D MIZE, MARYANN 1053 KENSINGTON ST. PORT CHARLOTTE, FL. 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D-VP PROVALL, THERON M. P.O. Box 1251 ARCADIA, FL. 34265

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 Stalker, Treasurer

7/19/02 (94) 625-6019(H)

CR2E037 (4/02)

attachment
ALSO ADD NEW SECRETARY N37115

SIMMAT, DOROTHY M. (SECY)
303 Bridle Path
Arcadia, Fl 34266-3307
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thistle@strato.net
FAX: 941-494-7573