

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90237 018 ****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 495596
PORT CHARLOTTE FL 33949-5596
US

2. Principal Place of Business

2231 Hariet Street

3. Mailing Address

OK As Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte, Fl

City & State

Zip

Country

Zip

Country

33952-5509

Charlotte

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

GOLDROSEN, JACK J
1222 WATERSIDE ST
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name **DAVID HOLLOMAN, ESQUIRE**

Street Address (P.O. Box Number is Not Acceptable)

709 Parkview Rd

City

Arcadia

FL

Zip Code
34266

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)

(DAVID HOLLOMAN)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TALKER, SYLVIA
2231 HARIET ST
PORT CHARLOTTE FL 33952

DAVIS, DR. MARIAN
23023 WESTCHESTER BLVD, APT C416
PORT CHARLOTTE FL 33980-5400

HINES, PAUL
3250 NE HWY 70
ARCADIA FL 34266

GOLDRESEN, JACK
1222 WATERSIDE STREET
PORT CHARLOTTE FL 33952-1530

MIZE, MARYANN
1053 KENSINGTON STREET
PORT CHARLOTTE FL 33952

PROVALL, THERON M
P.O BOX 1251
ARCADIA FL 34265

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

D/S
DOROTHY M SIMMAT
303 BRIDLE PATH
ARCADIA FL 34266

NAME
STREET ADDRESS
CITY-ST-ZIP

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 Talker**

2/6/03

941-625-6018

CR2E037 (10/02)