

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37519

1. Entity Name

CHARLOTTE COUNTY WOODCARVERS CLUB, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90239 010 ****61.25

Principal Place of Business

Mailing Address

BAY FRONT CENTER
750 W. RETTA ESPLANDE
PUNTA GORDA FL 33950
US

220 BELAIRE CT
C/O F. JOEST
PUNTE GORDA FL 33950-5108
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Punta Gorda, FL

Zip

Country

Zip

Country

4. FEI Number

65-0140278

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

7. Name and Address of New Registered Agent

Name

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

City

Punta Gorda

FL

Zip Code

JOEST, FRED
220 BELAIRE CT
PUNTE GORDA FL 33950

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	T	<input type="checkbox"/> Delete
NAME	KLISPIE, NELSON	
STREET ADDRESS	6400 TAYLOR RD, 231	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUPUIS, RICHARD	
STREET ADDRESS	1020 HINTON ST	
CITY-ST-ZIP	PR.CHARLOTTE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KENNEDY, BARNEY	
STREET ADDRESS	2471 PALM TREE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Nelson Klispie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-2000 941-575-4276

CR2E037 (9/99)