

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90502 026 ****61.25

DOCUMENT # N37519

1. Entity Name

CHARLOTTE COUNTY WOODCARVERS CLUB, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0140278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOEST, FRED
220 BELAIRE CT
PUNTE GORDA FL 33950**

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.

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

TITLE ☐ Delete
NAME **KLISPIE, NELSON**
STREET ADDRESS **6400 TAYLOR RD, 231**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE ☒ Delete
NAME **DUPUIS, RICHARD**
STREET ADDRESS **1020 HINTON ST**
CITY-ST-ZIP **PR CHARLOTTE FL**

TITLE ☒ Delete
NAME **KENNEDY, BARNEY**
STREET ADDRESS **2471 PALM TREE**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **Kennedy, Barney**
STREET ADDRESS **27205 Jones Loop Road #76**
CITY-ST-ZIP **Punta Gorda, FL 33982**

TITLE ☐ Change ☒ Addition
NAME **Jepson, Karl**
STREET ADDRESS **138 Leland Ave SE**
CITY-ST-ZIP **Past Charlotte, FL 33952**

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

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

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

TITLE ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)