

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40177

1. Entity Name

THE HOUSING CORPORATION OF CHARLOTTE COUNTY, INC

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90218 044 ****61.25

Principal Place of Business

Mailing Address

18501 MURDOCK CIR
STE 303
PORT CHARLOTTE FL 33948
US

18501 MURDOCK CIR
STE 303
PORT CHARLOTTE FL 33948-1065
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

65-0235017

Applied For

Not Applicable

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

MILONAS, TASSO M.
1819 MAIN ST STE 1100
SARASOTA FL 34236

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME JARVIS, GLORIA
STREET ADDRESS PO BOS 2138 SUN TRUST BNK
CITY-ST-ZIP SARASOTA FL 34230-5885

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
DALE BOWE
STREET ADDRESS P.O. BOX 380759
CITY-ST-ZIP MURDOCK, FL 33938-0759

TITLE ☐ Delete
NAME S
OQUENDO, JANET
STREET ADDRESS 18500 MURDOCK CIR
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
RANDALL DUNN
STREET ADDRESS 2211 BERMUDA STEET
CITY-ST-ZIP PORT CHARLOTTE, FL 33980

TITLE ☐ Delete
NAME D
PORTER, VICTORIA
STREET ADDRESS 319 HARBOR BLVD
CITY-ST-ZIP PT CHARLOTTE FL 33954

TITLE ☐ Change ☒ Addition
NAME PRESIDENT
JEFF FEHR
STREET ADDRESS 1881 CITRON STREET
CITY-ST-ZIP CHARLOTTE HARBOR, FL 33980

TITLE ☒ Delete
NAME D
KING, JAMES
STREET ADDRESS 2295 AARON ST
CITY-ST-ZIP PORT CHARLOTTE FL

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

TITLE ☐ Delete
NAME D
POWELL, G DAVID
STREET ADDRESS 1043 TROPICAL AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33948

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

TITLE ☒ Delete
NAME VP
COOLOMBE, SCOTT
STREET ADDRESS 630 WOODBURY DR.
CITY-ST-ZIP PORT CHARLOTTE FL

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 JEFF FEHR, PRESIDENT 1/13/00 255-94 54 (941)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR21:037 (9/99)