

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

0052144

DOCUMENT # N40825

1. Entity Name

CHARIS CENTER, INC.

04-15-2002 90049 050 ****61.25

Principal Place of Business

Mailing Address

**4041 BAHIA VISTA STREET
 SARASOTA FL 34232-2421**

**4041 BAHIA VISTA STREET
 SARASOTA FL 34232-2421**

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

65-0235200

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

**DENLINGER, GLEN
 4041 BAHIA VISTA ST
 SARASOTA FL 34232**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 MILLER, DANNY
 1465 FOXCREEK DR
 SARASOTA FL 34240** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**C
 VANDERWILT, JUDY
 5679 FORESTER POND AVE
 SARASOTA FL** ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DV
 SCHLABECH, NAOMI
 5885 IBIS ST
 SARASOTA FL 34231** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 MARSDEN, RICK FATHER
 222 S. PALM AVE
 SARASOTA FL 34236** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 CHRISTOPHEL, LEVON
 2873 S. SHADE AVE
 SARASOTA FL 34239** ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DV
 JANET HAMILTON
 320 Blackburn Rd.
 Nokomis FL 34275** ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glen Denlinger

Executive Director

Date

Daytime Phone #

4/4/02 (941) 378-1549

CR2E037 (9/01)