

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42456

1. Entity Name

CHARLOTTE SYMPHONY LEAGUE, INC.

Principal Place of Business

Mailing Address

271 BAL HARBOR BLVD  
PUNTA GORDA FL 33950  
US

POST OFFICE BOX 2212  
PORT CHARLOTTE FL 33949-2212  
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

65-0200323

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional -  
Fee Required

6. Name and Address of Current Registered Agent

WURZ, VIRGINIA  
3300 LOVELAND BLVD  
#3301  
PORT CHARLOTTE FL 33980

7. Name and Address of New Registered Agent

Name SANDERS ANN

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

32900 WASHINGTON LOOP RD

City PUNTA GORDA

FL

Zip Code 33982

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

*Ann Sanders*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-01

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	P	<input checked="" type="checkbox"/> Delete
NAME	WURZ, VIRGINIA	
STREET ADDRESS	3300 LOVELAND BLVD #3301	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	S	<input type="checkbox"/> Delete
NAME	KILBURN, FREDDI	
STREET ADDRESS	5006 USEPPA CT	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, ANN	
STREET ADDRESS	32900 WASHINGTON LOOP RD	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	T	<input type="checkbox"/> Delete
NAME	COTTEN, ROSE	
STREET ADDRESS	2415 ST DAVIDS ISL. CT	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANKARD, LOUISE	
STREET ADDRESS	138 NW BUCKEYE AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOHN, DOROTHY	
STREET ADDRESS	10282 SHADOW RUN CT	
CITY-ST-ZIP	PUNTA GORDA FL 33955	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTY CASTRO	
STREET ADDRESS	34951 WASHINGTON LOOP RD	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS ANN	
STREET ADDRESS	32900 WASHINGTON LOOP RD	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
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		
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:

*Rosemarie Cotten*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-01 941-575-2425

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90130 002 \*\*\*\*61.25

C0007495



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)