

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

07-18-2001 90260 022 ****61.25

DOCUMENT # N44742

1. Entity Name

MARINE CORPS LEAGUE - CHARLOTTE DETACHMENT, INC.

Principal Place of Business

P.O. BOX 1948
 PO BOX 511948
 PUNTA GORDA FL 33951
 US

Mailing Address

PO BOX 511948
 PUNTA GORDA FL 33951
 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

NOT APPLICABLE

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

-MARTIN, JOHN E
 -28460 RAMPART BLVD
 -APT 223
 PUNTA GORDA FL 33983

Name

Edwin R. King

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

27204 Pasadena Dr.

City

Punta Gorda

FL

Zip Code

33951-2307

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
 After September 12, 2001, min. will be \$236.25

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 VPD
 NAME THIEMT, RALPH
 STREET ADDRESS 1410 KENMORE ST
 CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

TITLE VPD
 NAME KAUFFMAN, GEORGE
 STREET ADDRESS 1526 PARTOU TERR
 CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

TITLE TD
 NAME CROSS, DONALD
 STREET ADDRESS 26183 TOCANTINES CT
 CITY-ST-ZIP PUNTA GORDA FL 33982 ☐ Delete

TITLE SD
 NAME SAXTON, RICHARD
 STREET ADDRESS 467 ENCARNACION ST
 CITY-ST-ZIP PORT CHARLOTTE FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE VPD
 NAME Quish, Joe
 STREET ADDRESS 1489 Harbor Blvd
 CITY-ST-ZIP Port Charlotte, FL 33952-4482 ☐ Change ☐ Addition

TITLE VPD
 NAME Kish, Raymond E
 STREET ADDRESS 25412 Baderette Ct
 CITY-ST-ZIP Punta Gorda, FL 33983 ☐ Change ☐ Addition

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

TITLE SD
 NAME Collins, Daniel A. Jr.
 STREET ADDRESS 1430 Prosper Ave St
 CITY-ST-ZIP Port Charlotte, FL 33952 ☐ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/01

Date

(941) 245-5154

Daytime Phone #

CR2E037 (5/01)