

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/28

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90045 018 \*\*\*\*61.25

**DOCUMENT # N93000004974**

1. Entity Name

**CHARLOTTE COUNTY SCHOOL SYSTEM ADMINISTRATOF'S' A**

Principal Place of Business

Mailing Address

3818 WHIPPOORWILL BLVD.  
 PUNTA GORDA FL 33950

3818 WHIPPOORWILL BLVD  
 PUNTA GORDA FL 33950

2. Principal Place of Business

**162 Cousley Dr.**

3. Mailing Address

**162 Cousley Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Port Charlotte, FL**

City & State

**Port Charlotte, FL**

4. FEI Number

**65-0578310**

Applied For

Not Applicable

Zip

**33952**

Country

**Charlotte**

Zip

**33952**

Country

**Charlotte**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KIAH, DON DR.**  
**3818 WHIPPOORWILL BLVD.**  
**PUNTA GORDA FL 33950**

Name

**Gayle D. Dean**

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

**162 Cousley Dr.**

City

**Port Charlotte**

**FL**

Zip Code  
**33952**

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 **Gayle D. Dean**

Signature, typed or printed name of registered agent and use 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	T	<input checked="" type="checkbox"/> Delete
NAME	GRAVES, CAROLYN	
STREET ADDRESS	2211 SW GATOR TR.	
CITY - ST - ZIP	ARCADIA FL 33821	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIAH, DON DR	
STREET ADDRESS	3818 WHIPPOORWILL BLVD.	
CITY - ST - ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, JAN	
STREET ADDRESS	1445 AKEN ST	
CITY - ST - ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T <sup>1</sup>			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Melanson, Barbara				
STREET ADDRESS	25188 E Marion Street				
CITY-ST-ZIP	Punta Gorda, FL 33950				
TITLE	D			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Dean, Gayle D.				
STREET ADDRESS	162 Cousley Dr.				
CITY-ST-ZIP	Port Charlotte, FL 33952				
TITLE	D			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Patricia Steed				
STREET ADDRESS	3151 Willow Rd.				
CITY-ST-ZIP	Punta Gorda FL 33982				
TITLE	P			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Allen, Karen				
STREET ADDRESS	2278 Nuremberg Blvd.				
CITY-ST-ZIP	Punta Gorda, FL 33983				
TITLE	VP			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Bress, Christopher				
STREET ADDRESS	1157 SW 45th Terrace				
CITY-ST-ZIP	Cape Coral, FL 33914				
TITLE	S			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	McLaughlin, Rebecca				
STREET ADDRESS	209 Deerfield Avenue				
CITY-ST-ZIP	Port Charlotte, FL 33952				

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: **Barbara Melanson, Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

(941)

255-0808

Date

Daytime Phone #

CR2E037 (10/00)