

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005643

1. Entity Name

CHARLOTTE COUNTY FOUNDATION, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90040 009 ****61.25

Principal Place of Business

Mailing Address

639 E. HARGREAVES AVE.
PUNTA GORDA FL 33950
US

639 E. HARGREAVES AVE.
PUNTA GORDA FL 33950-4522
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0455319

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WOTITZKY, LEO
223 TAYLOR ST.
~~SHUTTER~~
PUNTA GORDA FL 33950

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	D	<input checked="" type="checkbox"/> Delete
NAME	KATZEN, MELVYN J MD	
STREET ADDRESS	329 E OLYMPIA AVE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIELKE, LEONARD	
STREET ADDRESS	1 COLONY POINT DRIVE #10-B	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE, JACK L	
STREET ADDRESS	1609 ALBATROSS DR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARBEE, BRENDA	
STREET ADDRESS	11370 SW COURTNEY DR.	
CITY-ST-ZIP	LAKE SUZY FL 34266	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WOTITZKY, LEO	
STREET ADDRESS	4518 NORTH SHORE DRIVE	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	PEEPLS, VERNON	
STREET ADDRESS	3818 CARUPANO CT.	
CITY-ST-ZIP	PUNTA GORDA FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN MIZELL, ESQUIRE/WOTITZKY LAW FIRM	
STREET ADDRESS	223 TAYLOR STREET	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD R. MONCK, V.P. CHARLOTTE STATE BANK	
STREET ADDRESS	2331 TAMiami TRAIL	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSHUA PUTTER, EXEC. DIR.	
STREET ADDRESS	CHARLOTTE REGIONAL MEDICAL CENTER	
CITY-ST-ZIP	809 E. MARION AVENUE PUNTA GORDA, FL 33950	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEGGY WESTBY/MCCLUSKY, GAINES, ET AL	
STREET ADDRESS	222 NESBIT STREET	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
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: *X* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LEO WOTITZKY/PRESIDENT

2/16/00

941-639-2171

Daytime Phone #

CR2E037 (9/99)