

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005643

1. Entity Name

CHARLOTTE COUNTY FOUNDATION, INC.

FILED

Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90222 044 ****61.25

Principal Place of Business

639 E. HARGREAVES AVE.
PUNTA GORDA FL 33950
US

Mailing Address

639 E. HARGREAVES AVE.
PUNTA GORDA FL 33950
US

00016406



DO NOT WRITE IN THIS SPACE

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.
SUITE 301
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 ☒ Delete
NAME MIZELL, JOHN ESQ
STREET ADDRESS 223 TAYLOR ST
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE DIRECTOR ☐ Change ☒ Addition
NAME ABER, JUDITH
STREET ADDRESS BANK OF AMERICA
CITY-ST-ZIP 126 E. OLYMPIA AVENUE
PUNTA GORDA, FL 33950

TITLE D ☐ Delete
NAME MIELKE, LEONARD
STREET ADDRESS 1 COLONY POINT DRIVE #10-B
CITY-ST-ZIP PUNTA GORDA FL

TITLE SECRETARY ☒ Change ☐ Addition
NAME MIELKE, LEONARD
STREET ADDRESS 343 MADRID BLVD. N.W.
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE D ☐ Delete
NAME PRICE, JACK L
STREET ADDRESS 1609 ALBATROSS DR
CITY-ST-ZIP PUNTA GORDA FL

TITLE DIRECTOR ☐ Change ☒ Addition
NAME HIGH, MELANIE ESQ.
STREET ADDRESS 223 TAYLOR STREET
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE SD ☒ Delete
NAME BARBEE, BRENDA
STREET ADDRESS 11370 SW COURTNEY DR.
CITY-ST-ZIP LAKE SUZY FL 34266

TITLE DIRECTOR ☐ Change ☒ Addition
NAME MONCK, RON
STREET ADDRESS CHARLOTTE STATE BANK
CITY-ST-ZIP 2331 TAMiami TRAIL
PUNTA GORDA, FL 33950

TITLE PD ☐ Delete
NAME WOTITZKY, LEO
STREET ADDRESS 4518 NORTH SHORE DRIVE
CITY-ST-ZIP CHARLOTTE HARBOR FL 33980

TITLE TREASURER ☐ Change ☒ Addition
NAME PEGGY WESTBY
STREET ADDRESS MC/CLUSKY GAINES, ET AL
CITY-ST-ZIP 222 NESBIT STREET
PUNTA GORDA, FL 33950

TITLE VCD ☐ Delete
NAME PEEPLES, VERNON
STREET ADDRESS 3818 CARUPANO CT.
CITY-ST-ZIP PUNTA GORDA FL

TITLE DIRECTOR ☐ Change ☒ Addition
NAME PUTTER, JOSH
STREET ADDRESS CHARLOTTE REGIONAL MEDICAL CENTER
CITY-ST-ZIP 809 E. MARION AVENUE
PUNTA GORDA, FL 33950

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

30 Jan 01

Date

Daytime Phone #

CR2037 (10/00)