

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000011

1. Entity Name

CHARLOTTE COUNTY PC USERS' GROUP, INC.

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

04-26-2000 90145 033 ****70.00

Principal Place of Business

Mailing Address

2280 AARON STREET
SUITE #3
PORT CHARLOTTE FL 33952
US

2280 AARON STREET
SUITE #3
PORT CHARLOTTE FL 33952-5209
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

65-0451300

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

HACKETT, JACK O II
FARR, FARR, EMERICH, SIFRIT, ET AL
115 WEST OLYMPIA AVENUE
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 P ☐ Delete
NAME MASTRO, JIM
STREET ADDRESS 1286 STRASBURG DRIVE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE P ☒ Change ☐ Addition
NAME Harvey, Lenard
STREET ADDRESS 25092 Concepcion Drive
CITY-ST-ZIP Punta Gorda, Florida 33983

TITLE VP ☐ Delete
NAME FISCHER, GERHARD
STREET ADDRESS 1206 RICHTER STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE VP ☒ Change ☐ Addition
NAME Murray, Robert
STREET ADDRESS 492 Reo de Janeiro Avenue
CITY-ST-ZIP Punta Gorda, Florida 33983

TITLE S ☐ Delete
NAME RENNERT, ROSE
STREET ADDRESS 3038 PINETREE STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33952

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

TITLE T ☐ Delete
NAME MASTRO, MARDELLE
STREET ADDRESS 1286 STRASBURG DRIVE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE T ☒ Change ☐ Addition
NAME Bennett, Jack
STREET ADDRESS 26537 Barranquilla Avenue
CITY-ST-ZIP Port Charlotte, Florida 33983

TITLE D ☐ Delete
NAME HAUG, ARTHUR
STREET ADDRESS 25188 MARION AVE #A-106
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE D ☒ Change ☐ Addition
NAME Myers, Peggy
STREET ADDRESS 22345 Olean Blvd.
CITY-ST-ZIP Port Charlotte, FL 33952

TITLE D ☐ Delete
NAME LOCKIE, T. ANGUS
STREET ADDRESS 2100 KINGS HIGHWAY, UNIT 991
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE D ☒ Change ☐ Addition
NAME Rice, Lee
STREET ADDRESS 18459 Goodman Circle
CITY-ST-ZIP Port Charlotte, Florida 33948

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. Further, I 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

Date

Daytime Phone #

4/13/00 941-766-1664

CR2E037 (9/99)