

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90131 047 ****61.25

DOCUMENT # N94000000011

1. Entity Name

CHARLOTTE COUNTY PC USERS' GROUP, INC.

Principal Place of Business

2280 AARON STREET
SUITE #3
PORT CHARLOTTE FL 33952
US

Mailing Address

2280 AARON STREET
SUITE #3
PORT CHARLOTTE FL 33952
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 ☐ Delete
NAME HARVEY, LEN
STREET ADDRESS 26092 CONCEPTION
CITY-ST-ZIP PUNTA GORDA FL 33983

TITLE ☐ Change ☒ Addition
NAME Johnson, Guice
STREET ADDRESS 150 Crescent Dr
CITY-ST-ZIP Punta Gorda, FL 33983

TITLE ☐ Delete
NAME ARGABRIGHT, CARL
STREET ADDRESS 2000 FOREST NELSON
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Change ☒ Addition
NAME Kiernan, Donald E
STREET ADDRESS 1508 Hinton St
CITY-ST-ZIP Port Charlotte, FL 33942

TITLE ☐ Delete
NAME KOOPS, BARBARA
STREET ADDRESS 4470 MEAGER CIRCLE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Change ☒ Addition
NAME Tinsley, Phillip
STREET ADDRESS 3215 Lake View Blvd
CITY-ST-ZIP Port Charlotte, FL 33948

TITLE ☐ Delete
NAME DEMATTEO, LOUIS
STREET ADDRESS 1531 BEACON DRIVE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Change ☒ Addition
NAME Baker, George
STREET ADDRESS 19478 Midway Blvd
CITY-ST-ZIP Port Charlotte, FL 33948

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

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

TITLE ☐ Delete
NAME RICE, LEE
STREET ADDRESS 18459 GOODMAN CIRCLE
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE ☐ Change ☐ 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)