## 2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

## FILED DOCUMENT # N9400001876 May 17, 2000 8:00 am Secretary of State COMMUNITY RESOURCE CENTER OF PUNTA GORDA, INC. 05-17-2000 90979 024 \*\*\*\*61.25 Mailing Address Principal Place of Business 256 E OLYMPIA AVE P.O. BOX 1573 PUNTA GORDA FL 33951 PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0496363 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WYNN, JUANITA #5. 1271 RIO DE JANEIRO AVE. **PUNTA GORDA FL 33983** 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 Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change - ☐ Addition DP ☐ Delete TITLE TITLE NAME NAME ALLEN, JOHN H STREET ADDRESS STREET ADDRESS 624 SHOWALTER AVE. CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Change ☐ Addition DVP TITLE TITLE ☐ Delete NAME GARNER, DARYL NAME STREET ADDRESS STREET ADDRESS 1046 CANAL TERRACE CITY-ST-ZIP CITY-ST-ZiP PORT CHARLOTTE FL 33948 Addition Change Delete TITLE NAME NAME Green, Cornell\_C STREET ADDRESS STREET ADDRESS 111 REVERE ST. CITY-ST-7IP CITY-ST-ZIP PORT CHARLOTTE FL 33952 Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME WYNN, JUANITA S STREET ADDRESS STREET ADDRESS 1271 RIO DE JANEIRO CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33983 ☐ Addition Change ☐ Delete TITLE NAME WOTITSKY, LEO STREET ADDRESS STREET ADDRESS 201 W. MARION AVE. CITY-ST-ZIP CITY-ST-ZIF PUNTA GORDA FL 33950 ☐ Addition TITLE ☐ Change ☐ Delete TITLE MOORE, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 201 VIRGINIA AVENUE CITY-ST-ZIP CITY-ST-ZIP 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