

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

0070838

**DOCUMENT # N95000000684**

1. Entity Name

**THE CHARLOTTE HARBOR COMMUNITY LEAGUE, INC.**

02-12-2001 90215 045 \*\*\*\*61.25

Principal Place of Business

C/O PAUL R SCHNEIDER  
 175 KINGS HWY 401  
 PUNTA GORDA FL 33980  
 US

Mailing Address

C/O DANIEL MURPHY  
 2450 TAMiami TrL. SUITE D  
 PORT CHARLOTTE FL 33952  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address *C/O DANIEL MURPHY*

*20020 VETERANS BLVD*

Suite, Apt. #, etc.

*UNIT 10*

City & State

*PORT CHARLOTTE, FL*

Zip

*33954-2193*

Country

*USA*

4. FEI Number

**65-0390026**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
 Fee Required

6. Name and Address of Current Registered Agent

**SCHNEIDER, PAUL R**  
**175 KINGS HWY**  
**4C1**  
**PUNTA GORDA FL 33983**

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHNEIDER, PAUL R	
STREET ADDRESS	175 KINGS HWY 4CL	
CITY-ST-ZIP	PUNTA GORDA FL 33980	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHURCH, WENDELL	
STREET ADDRESS	159 DANFORTH DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BERGER, ROSELLA	
STREET ADDRESS	19265 ABHENRY CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	A	<input type="checkbox"/> Delete
NAME	MURPHY, DANIEL L	
STREET ADDRESS	2450-D TAMiami TrL	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20020 VETERANS BLVD, UNIT 10	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954-2193	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-16-01*

*941-764-1144*

Date Daytime Phone #

CR2E037 (10/00)