

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000684

1. Entity Name

THE CHARLOTTE HARBOR COMMUNITY LEAGUE, INC.

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

2. Principal Place of Business

3. Mailing Address *C/O DANIEL MURPHY
20020 VETERANS BLVD*

Suite, Apt. #, etc.

Suite, Apt. #, etc.
UNIT 10

City & State

City & State
PORT CHARLOTTE, FL

Zip

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
SCHNEIDER, PAUL R
175 KINGS HWY 4CL
PUNTA GORDA FL 33980**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
CHURCH, WENDELL
159 DANFORTH DRIVE
PUNTA GORDA FL**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
BERGER, ROSELLA
19265 ABHENRY CIRCLE
PORT CHARLOTTE FL**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**A
MURPHY, DANIEL L
2450-D TAMiami TRL
PORT CHARLOTTE FL 33952**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**20020 VETERANS BLVD, UNIT 10
PORT CHARLOTTE FL 33954-2193**

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:

John Weidner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01 941-764-1144

Date

Daytime Phone #

0070838

CR2E037 (10/00)