

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-29-2003 90181 031 ****61.25

DOCUMENT # N95000000714

1. Entity Name

CHARLOTTE COUNTRY MUSIC CLUB, INC.



Principal Place of Business

C/O SHIRLEY ADEES
PUNTA GORDA FL 33951-2746
US

Mailing Address

PO BOX 512746
PUNTA GORDA FL 33951-2746
US

2. Principal Place of Business

3. Mailing Address

PO Box 510898

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Punta Gorda

City & State

City & State

FL

Zip

Country

Zip

33951-

Country

USA

4. FEI Number **65-0290398**

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

**DEGARIS, ROSS
3376 PEACE RIVER DR
HARBOR HEIGHTS 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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **P** **DEGARIS, ROSS** ☐ Delete
STREET ADDRESS **3376 PEACE RIVER DR**
CITY-ST-ZIP **HARBOR HEIGHTS FL 33983**

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

TITLE
NAME **D** **SHAHER, MARGARET O** ☐ Delete
STREET ADDRESS **5017 KEY LARGO DRIVE**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

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

TITLE
NAME **D** **DEGARIS, DELORIS** ☒ Delete
STREET ADDRESS **3376 PEACE RIVER DR**
CITY-ST-ZIP **HARBOR HEIGHTS FL 33983**

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

TITLE
NAME **D** **SHAHER, CHARLES** ☐ Delete
STREET ADDRESS **5017 KEY LARGO DR**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE
NAME **Shafer, Charles** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **VP** **MILLER, WILLIAM** ☒ Delete
STREET ADDRESS **23258 DELAVAN AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE
NAME **Ken Tew** ☐ Change ☒ Addition
STREET ADDRESS **3359 Peace River Dr**
CITY-ST-ZIP **Harbor Heights, FL 33983**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Handwritten Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/03 944-625-2889

CR2E037 (10/02)