

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000488

1. Entity Name

CHARLOTTE COUNTRY DAY SCHOOL, INC.

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90001 027 ****61.25

Principal Place of Business

324 CROSS STREET
SUITE 2
PUNTA GORDA FL 33950
US

Mailing Address

P.O BOX 511085
PUNTA GORDA FL 33951
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

65-0661754

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

WAKSLER, GERI L
1625 WEST MARION AVE.
SUITE 2
PUNTA GORDA FL

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 NAME STREET ADDRESS CITY-ST-ZIP	DV MURNO, TIMOTHY 324 CROSS ST. PUNTA GORDA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYNN, KATHERINE 3972 CROOKED ISLAND DR PUNTA GORDA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KALOSIS, MONICA 324 CROSS STREET PUNTA GORDA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLUNGA, FRANK 324 CROSS STREET PUNTA GORDA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT QUINN, JAMES 324 CROSS STREET PUNTA GORDA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACK, MICHAEL 324 CROSS STREET PUNTA GORDA FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURNO, TIMOTHY 437 DELANEY ST PORT CHARLOTTE, FL 33954	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AMONTREE, JAMES 1117 SAN MATEO DR PUNTA GORDA, FL 33950	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KALOSIS, MONICA 4050 HIBBEE ST PORT CHARLOTTE, FL 33948	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLUNGA, FRANK 2015 EL CERITO CT PUNTA GORDA, FL 33950	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP QUINN, JAMES 2000 JAMAICA WAY PUNTA GORDA, FL 33950	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LACK, MICHAEL 24140 TREASURE ISLAND BLVD PUNTA GORDA, FL 33955	☒ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 941-505-1551

Date

Daytime Phone #

CR2E037 (10/00)