2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State
01-27-2002 90038 012 ****61.25

DOCUMENT # N96000000488

1. Entity Name

CHARLOTTE COUNTRY DAY SCHOOL, INC.

Principal Place of Business	Mailing Address
324 CROSS STREET SUITE 2 PUNTA GORDA FL 33950 US	P.O BOX 511085 PUNTA GORDA FL 33951 US

DO NOT WRITE IN THIS SPACE

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	D MURNO, TIMOTHY 437 DELANEY ST PORT CHARLOTTE FL 33954	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MURNO, TIMOTHY 437 DELANEY ST PT CHARLOTTE, FL 33954 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS AMONTREE, JAMES 1117 SAN MATEO DRIVE PUNTA GORDA FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT KALOSIS, MONICA 4050 HIGBEE ST PORT CHARLOTTE FL 33948	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WYNN, KATHY 3972 CROOKED ISLAND DR PUNTA GORDA, FL 33950 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLUNGA, FRANK 2015 EL CERITO CT PUNTA GORDA FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP QUINN, JAMES 2000 JAMAICA WAY PUNTA GORDA FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LACK, MICHAEL 24140 TREASURE ISLAND BLVD. PUNTA GORDA FL 33955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 REQUIRED JAMES P. QUINN 1/8/02 941 505-1551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/01)