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

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90194 013 ****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

J00010524

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
365 Orlando Blvd.	365 Orlando Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte, FL	City & State: Port Charlotte, FL
Zip: 33954 Country: USA	Zip: 33954 Country: USA

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

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

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. 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 / STREET ADDRESS / CITY-ST-ZIP	DT MURNO, TIMOTHY 437 DELANEY ST PORT CHARLOTTE FL 33954	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Coward, Dorothy 17000 Burnt Store Rd. Punta Gorda, FL 33955	☐ 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	D Wollaston, Jill 7500 Riverside Dr Punta Gorda, FL 33982	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WYNN, KATHY 3972 CROOKED ISLAND DR PUNTA GORDA FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT 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	D Dugas, Don 2696 Deborah Dr Punta Gorda, FL 33950	☐ 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

CR2E037 (10/02)

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 REQUIRED 1-15-03 941-764-7673