

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90041 048 ****61.25

DOCUMENT # N96000005997

1. Entity Name

DO THE RIGHT THING OF CHARLOTTE COUNTY, INC.



Principal Place of Business 1410 S TAMiami TRAIL PUNTA GORDA FL 33950 US	Mailing Address 1410 S TAMiami TRAIL PUNTA GORDA FL 33950 US
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A0075103



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 65-0751450	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BISSONETTE, LT. NAOMI
1410 S TAMiami TRAIL
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name **Ofc. Melissa K. Reynolds**
 Street Address (P.O. Box Number is Not Acceptable)
1410 S. Tamiami Trail
 City **Punta Gorda** **FL** Zip Code **33950**

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 *Ofc. Melissa K. Reynolds* Director DATE **08-03-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME CT LIBBY, W.D.	<input type="checkbox"/> Delete
STREET ADDRESS 1410 S TAMiami TRAIL	
CITY-ST-ZIP PUNTA GORDA FL 33950	
TITLE NAME T BISSONETTE, NAOMI	<input type="checkbox"/> Delete
STREET ADDRESS 1410 S. TAMiami TRAIL	
CITY-ST-ZIP PUNTA GORDA FL 33950	
TITLE NAME D CERBONE, DONALD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1410 S. TAMiami TRAIL	
CITY-ST-ZIP PUNTA GORDA FL 33950	
TITLE NAME D REYNOLDS, MELISSA K	<input type="checkbox"/> Delete
STREET ADDRESS 1410 S. TAMiami TRAIL	
CITY-ST-ZIP PUNTA GORDA FL 33950	
TITLE NAME CPA PATTERSON, LAUREN H	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 331 SULLIVAN STREET	
CITY-ST-ZIP PUNTA GORDA FL 33950	
TITLE NAME M RICHARDS, WILLIAM F	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 326 W. MARION AVENUE	
CITY-ST-ZIP PUNTA GORDA FL 33950	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME D Ann Henderson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1139 Bal Harbor Bv. Suite 246	
CITY-ST-ZIP Punta Gorda, FL 33950	
TITLE NAME T Naomi Bissonette	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6000 Cypress Grove Cr.	
CITY-ST-ZIP Punta Gorda, FL 33982	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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: *William F. Richards* DATE **08-03-00** DAYTIME PHONE # **941-575-5525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)