

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90054 050 ****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

K0020301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0751450

Applied For

Not Applicable

5. Certificate of Status Desired

\$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 **Reynolds, Ofc. Melissa K.**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02-23-01

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rinehart, Charles R.	
STREET ADDRESS	1410 S. Tamiami Trail	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	Vice President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henderson, Ann	
STREET ADDRESS	1410 S. Tamiami Trail	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-23-01

Date

941-575-5525

Daytime Phone #

CRE037 (10/00)