

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006064

1. Entity Name

BILLS BACKERS OF CHARLOTTE COUNTY, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90024 023 \*\*\*\*61.25

Principal Place of Business

20493 MIDWAY BLVD  
PORT CHARLOTTE FL 33952

Mailing Address

20493 MIDWAY BLVD  
PORT CHARLOTTE FL 33952-4051

2. Principal Place of Business

24540 HARBORVIEW RD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

UNIT E-2

Suite, Apt. #, etc.

City & State  
PORT CHARLOTTE, FL

City & State

Zip  
33980

Country

CHARLOTTE

Zip

Country

4. FEI Number

65-0746733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLECKEN, WILLIAM J  
20493 MIDWAY BLVD  
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name GEORGE J. METZ, JR.

Street Address (P.O. Box Number is Not Acceptable)  
24540 HARBORVIEW RD.

UNIT E-2

City PORT CHARLOTTE

FL

Zip Code

33980

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 *George J. Metz Jr.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/00

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 D 2ND VICE PRESIDENT ☐ Delete

NAME FLECKEN, WILLIAM J  
STREET ADDRESS 20493 MIDWAY BLVD  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☒ Delete

NAME FLECKEN, KATHLEEN  
STREET ADDRESS 20493 MIDWAY BLVD  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☒ Delete

NAME GIBSON, CAROLE  
STREET ADDRESS 10429 GREENWAY AVE  
CITY-ST-ZIP ENGLEWOOD FL

TITLE PRESIDENT ☐ Delete

NAME GEORGE J. METZ, JR.  
STREET ADDRESS 24540 HARBORVIEW RD UNIT-E2  
CITY-ST-ZIP PORT CHARLOTTE, FL 33980

TITLE VICE PRESIDENT ☐ Delete

NAME DALE SMITH  
STREET ADDRESS 431 MCARTHUR  
CITY-ST-ZIP PORT CHARLOTTE, FL 33954

TITLE TREASURER ☐ Delete

NAME JAMES GIBSON  
STREET ADDRESS 10429 GREENWAY AVE.  
CITY-ST-ZIP ENGLEWOOD, FL 34224

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SECRETARY ☒ Change ☒ Addition

NAME MARGE SZMANIA  
STREET ADDRESS 26139 MAMORA DR.  
CITY-ST-ZIP PUNTA GORDA, FL 33983

TITLE DIRECTOR ☐ Change ☒ Addition

NAME PETER COOK  
STREET ADDRESS 18464 MONET AVE.  
CITY-ST-ZIP PORT CHARLOTTE, FL

TITLE DIRECTOR ☐ Change ☒ Addition

NAME ELLIE COONS  
STREET ADDRESS 5180 ADMINISTRATION  
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE DIRECTOR ☐ Change ☒ Addition

NAME HOUSTON MYERS  
STREET ADDRESS 41 SPORTSMAN RD.  
CITY-ST-ZIP ROTUNDA WEST, FL 33947

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *George J. Metz Jr.* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/00

CR2E037 (9/99)