## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Sep 03, 2002 8:00 am Secretary of State

DOCU 1. Entity Na	JMENT # <b>N96000</b>		09-03-2002 90124 028 ****61.25					
CHARL NC.	OTTE COUNTY DOMESTIC	VIOLENCE TASK FO	RCE, I	/				
Principal Pla	ace of Business ,	Mailing Address	Mailing Address					
18501 MURDOCK CIRCLE SIXTH FLOOR PORT CHARLOTTE FL 33948		P.O. BOX 511687 PUNTA GORDA FL 339	951-1687					
		3. Mailing Address						
		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	6E 0006470			
Zip	Country	Zip	Country	5. Certificate of S			dditional	
<u>.                                      </u>	6. Name and Address of Curren	t Registered Agent		7. Name and Ad	dress of New Registered.			
	· .	<u>۔ بو</u> ہ	Name	<del>-</del>		د سرج	Applied For Not Applicable 75 Additional Required Process of Proce	
RUSSELL, W. KEVIN 18501 MURDOCK CIRCLE SIXTH FLOOR		Street Ad		dress (P.O. Box Number is	ess (P.O. Box Number is Not Acceptable)			
	IARLOTTE FL 33948		City	<u>.</u>	FL	Zip Co	de	
the obliga	e named entity submits this statement f ations of registered agent.	or the pulpose of chariging	ars registered anice of t	egistered agent, or both, ir	the State of Florida. I am	familiar witt	i, and accept	
	Signature, typed or printed name of registered agen	t and title if applicable. ()	NOTE: Registered Agent signature	required when reinstating)	DATE		<del></del>	
•	After September 13, 2002, min. will be \$236.25.	Campaign Financing d Contribution.	\$5.00 May Be Added to Fees Make Check Payable to Department of State					
10.	OFFICERS AND DI	RECTORS	11,	ADDITIONS/CHANG	L ES TO OFFICERS AND DIF	SECTORS II	1.10	
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NAME STREET ADDRESS	SCOTT, BARBARA T 22430 ALBANY AVENUE		NAME				_	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		STREET ADDRESS CITY-ST-ZIP					
TITLE	T	☐ Delete	TITLE	·		☐ Change	Addition	
NAME STREET ADDRESS	GARRITON, PAT		NAME					
STREET ADDRESS CITY-ST-ZIP	PO BOX 380817 MURDOCH FL 33938-0817	الماليوس سامست	STREET ADDRESS CITY-ST-ZIP	ر المحمدان ال				
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STREET ADDRESS	LISBY, NANCY L 527 WEST PALM BEACH			<del></del>				
CITY-ST-ZIP	PUNTA GORDA FL 33950		STREET ADDRESS CITY-ST-ZIP					
TITLE	7 57777 4477677 12 44454	☐ Defeta	TITLE			Change	☐ Addition	
NAME Street address			NAME					
CITY-ST-ZIP			STREET ADDRESS City-St-Zip	,				
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STREET ADDRESS STY-ST-ZIP			STREET ADDRESS CITY+SI-ZIP					
MLE	<u></u>	☐ Delete	TITLE			☐ Change	Addition	
AME			NAME		•	T cualifa		
TREET ADDRESS			STREET ADDRESS	,			}	

12. I hereby certify that the information supplied with this filling 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



attacknest 124971

## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

August 15, 2002

CHARLOTTE COUNTY DOMESTIC VIOLENCE TASK FORCE, INC. P.O. BOX 511687
PUNTA GORDA, FL 33951-1687

Subject: CHARLOTTE COUNTY DOMESTIC VIOLENCE TASK FORCE, INC.

Reference Number:

N96000006540

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please note the money amounts differ on the check. The numeric and written amounts must be the same. Please send a corrected check for the proper amount.

ANGOLUSION SECTION

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg ANNUAL REPORTS SECTION

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

my apologies replacement.

augehment # 103255 124970

TO: 0127927

TO 0 1297 33809-310327 \*\*AUTO

ROSS527 338091018 1302 06 07/05/02 NOTIFY SENDER OF NEW ADDRESS :ROSSITER CHIROPRACTIC 5516 US HIGHWAY 98 N LAKELAND FL 33809-3101

<u>հոյհուկելուհեսովարիկատկումիվունել</u>