

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N96000006540**

1. Entity Name

**CHARLOTTE COUNTY DOMESTIC VIOLENCE TASK FORCE, I  
NC.** ✓

Principal Place of Business

Mailing Address

**18501 MURDOCK CIRCLE  
SIXTH FLOOR  
PORT CHARLOTTE FL 33948****P.O. BOX 511687  
PUNTA GORDA FL 33951-1687**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0886473**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUSSELL, W. KEVIN  
18501 MURDOCK CIRCLE  
SIXTH FLOOR  
PORT CHARLOTTE FL 33948**

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

**After September 13, 2002,  
min. will be \$236.25.**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCOTT, BARBARA T 22430 ALBANY AVENUE PORT CHARLOTTE FL 33952</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GARRITON, PAT PO BOX 380817 MURDOCK FL 33938-0817</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LISBY, NANCY-L 527 WEST PALM BEACH PUNTA GORDA FL 33950</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

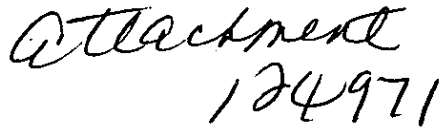
Daytime Phone #

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

09-03-2002 90124 028 \*\*\*\*61.25

DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)



My apologies  
Here is replacement  
check # 309

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

Attachment  
# V03255  
124970

TO: 0127927

AT

XXAUTO

TO 0 1297 33809-310327

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

