

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000652

1. Entity Name

THE CHARLOTTE COUNTY COUNCIL OF TEACHERS OF MATH

Principal Place of Business

11 PEBBLE BEACH RD
ROTONDA WEST FL 33947
US

Mailing Address

11 PEBBLE BEACH RD
ROTONDA WEST FL 33947-2147
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DAVIS, ROBERT L
1445 EDUCATION WAY
PRT CHARLOTTE FL 33948

4. FEI Number

65-0726241

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete

D
NAME MCGREGOR, JAN
STREET ADDRESS 26900 HARBORVIEW ROAD
CITY-ST-ZIP PUNTA GORDA FL 33983

TITLE ☐ Delete

D
NAME ARRINGTON, JAYNE
STREET ADDRESS 29453 LILLIS ST
CITY-ST-ZIP PUNTA GORDA FL 33982

TITLE ☐ Delete

D
NAME WINDSPIRIT, PAM
STREET ADDRESS 17325 MARINER AVE.
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE ☐ Delete

D
NAME BOB DAVIS
STREET ADDRESS 11 PEBBLE BEACH RD
CITY-ST-ZIP ROTONDA WEST FL 33947

TITLE ☒ Delete

D
NAME GRIZZAFFI, KAREN
STREET ADDRESS 1153 NAVIGATOR RD
CITY-ST-ZIP PUNTA GORDA FL 33983

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition

D
NAME Nancy Kenneally
STREET ADDRESS 20586 Tappan Zee Drive
CITY-ST-ZIP Port Charlotte, FL 33952

TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE
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:

Janet D. McGregor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00

941-255-7535

Date

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90128 031 ****61.25



DO NOT WRITE IN THIS SPACE