

2001 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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0726241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, ROBERT L
1445 EDUCATION WAY
PRT CHARLOTTE FL 33948

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 Robert L. Davis
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 D ☐ Delete
NAME MCGREGOR, JAN
STREET ADDRESS 26900 HARBORVIEW ROAD
CITY-ST-ZIP PUNTA GORDA FL 33983

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

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

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

TITLE D ☐ Delete
NAME KENNEALLY, NANCY
STREET ADDRESS 20586 TAPPON ZEC DRIVE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90272 025 *****61.25

D0011527



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)