

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2002 8:00 am  
Secretary of State

02-21-2002 90069 017 \*\*\*\*61.25

DOCUMENT # N97000000652

1. Entity Name

THE CHARLOTTE COUNTY COUNCIL OF TEACHERS OF MATH  
EMATICS, INC.

Principal Place of Business

~~11 PEBBLE BEACH RD~~  
~~ROTONDA WEST FL 33947~~  
US Port Charlotte FL  
33952

Mailing Address

~~11 PEBBLE BEACH RD~~  
~~ROTONDA WEST FL 33947~~  
US

see below

2. Principal Place of Business

3. Mailing Address

20586 Tappan Zee Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port Charlotte FL

Zip

Country

Zip

Country

33952

4. FEI Number

65-0726241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, ROBERT L  
1445 EDUCATION WAY  
PRT 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.

SIGNATURE

Robert L Davis

Robert L Davis

2/11/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MCGREGOR, JAN	
STREET ADDRESS	26900 HARBORVIEW ROAD	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	D	<input type="checkbox"/> Delete
NAME	<del>ARRINGTON, JAYNE</del>	
STREET ADDRESS	<del>20163 ELLIS ST</del>	
CITY-ST-ZIP	<del>PUNTA GORDA FL 33983</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<del>WINDSPIRIT, PAM</del>	
STREET ADDRESS	<del>17325 MARINER AVE</del>	
CITY-ST-ZIP	<del>PORT CHARLOTTE FL 33948</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOB DAVIS	
STREET ADDRESS	11 PEBBLE BEACH RD	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE	D	<input type="checkbox"/> Delete
NAME	<del>KENNEDY, NANCY</del>	
STREET ADDRESS	<del>20586 TAPPAN ZEE DRIVE</del>	
CITY-ST-ZIP	<del>PORT CHARLOTTE FL 33952</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Nancy Kenneally	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20586 Tappan Zee Dr (Pres.)	
STREET ADDRESS	Port Charlotte FL 33952	
CITY-ST-ZIP		
TITLE	Bethany Heslam	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4550 Cynthia Terrace	
STREET ADDRESS	North Port Florida 34286	
CITY-ST-ZIP		
TITLE	Amy Hagerthy	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Executive Secretary	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amy Hagerthy	
STREET ADDRESS	22303 Adorn Ave	
CITY-ST-ZIP	Port Charlotte FL 33952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert L Davis

Robert L Davis

2/11/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E037 (9/01)