

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90101 021 \*\*\*\*61.25

**DOCUMENT # N97000000969**

1. Entity Name

**CHARLOTTE RANGERS BOOSTER CLUB, INC.**

Principal Place of Business

**23262 LEHIGH AVENUE  
 PORT CHARLOTTE FL 33954**

Mailing Address

**23262 LEHIGH AVENUE  
 PORT CHARLOTTE FL 33954**

**88055630**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DICKINSON, ROBERT A  
 460 S. INDIANA AVENUE  
 ENGLEWOOD FL 34223**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **BM** ☒ Delete  
 NAME **DAY, GAIL**  
 STREET ADDRESS **620 RAVENNA STREET**  
 CITY-ST-ZIP **VENICE FL 34285**

TITLE **S** ☐ Change ☒ Addition  
 NAME **Lorraine Van Dyke**  
 STREET ADDRESS **2984 BOURBON ST.**  
 CITY-ST-ZIP **ENGLEWOOD, FL. 34224**

TITLE **P** ☐ Delete  
 NAME **O'NEILL, LYNN**  
 STREET ADDRESS **2984 BOURDON STREET**  
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **V.P** ☒ Change ☐ Addition  
 NAME **O'Neill, LYNN**  
 STREET ADDRESS **2984 BOURBON ST**  
 CITY-ST-ZIP **ENGLEWOOD, FL. 34224**

TITLE **D** ☐ Delete  
 NAME **KOWERKO, ANDREW**  
 STREET ADDRESS **22585 ELMIRA BLVD**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

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

TITLE **D** ☐ Delete  
 NAME **O'NEILL, JOSEPH**  
 STREET ADDRESS **2984 BOURBON STREET**  
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

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

TITLE **D** ☐ Delete  
 NAME **HARDING, ROY**  
 STREET ADDRESS **13398 BRONZE**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

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

TITLE **VP** ☐ Delete  
 NAME **WUNDER, FRED**  
 STREET ADDRESS **23262 LEHIGH AV.**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE **P** ☒ Change ☐ Addition  
 NAME **Wunder, FRED**  
 STREET ADDRESS **23262 LEHIGH AVE**  
 CITY-ST-ZIP **Port Charlotte, FL. 33954**

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: **Fred Wunder** **FRED Wunder** 4/30/01 764-6333

CR2E037 (10/00)