

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003430

1. Entity Name

CHARLOTTE/SARASOTA CHAPTER OF THE NATIONAL ASSOC

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90075 021 ****61.25

0077438

Principal Place of Business

Mailing Address

2560 PLACIDA RD
ENGLEWOOD FL 34224

13801 S. TAMiami TR
NORTH PORT FL 34287
US

022113

2. Principal Place of Business

3. Mailing Address

1599 Placida

1599 Placida

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Englewood, FL

City & State

Englewood, FL

4. FEI Number

65-0801076

Applied For

Not Applicable

Zip

Country

34223

USA

Zip

Country

34223

USA

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

HEIST, H. ANTHONY
1661 ESTERO BLVD
SUITE 20
FT MYERS BEACH FL 33931

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

Heist, H. Anthony

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
NAME KLINGLE, JOYCE
STREET ADDRESS 22392 WESTCHESTER BLVD.
CITY-ST-ZIP PORT CHARLOTTE FL 33980 ☐ Delete

TITLE DP
NAME Stephanie Brandow
STREET ADDRESS 704 Venice Ave.
CITY-ST-ZIP Venice, FL 34285 ☒ Change ☐ Addition

TITLE DS
NAME MACDONALD, HELENE
STREET ADDRESS 150 N. NOKOMIS AVE
CITY-ST-ZIP VENICE FL 34285 ☒ Delete

TITLE DE
NAME Katherine Frye
STREET ADDRESS 779 Tamiami Trail
CITY-ST-ZIP Port Charlotte, FL 33953 ☐ Change ☒ Addition

TITLE DV
NAME HART, CHRISTINE
STREET ADDRESS 1600 ENGLEWOOD ROAD
CITY-ST-ZIP ENGLEWOOD FL 34223 ☐ Delete

TITLE DS
NAME Nancy Maggiore
STREET ADDRESS 1203 W. Marion Ave.
CITY-ST-ZIP Punta Gorda, FL 33950 ☐ Change ☒ Addition

TITLE D
NAME BRANDOW, STEPHANIE
STREET ADDRESS 704 W. VENICE AVE
CITY-ST-ZIP VENICE FL 34285 ☐ Delete

TITLE DT
NAME Carolyn Schaeffer
STREET ADDRESS P.O. Box 5101
CITY-ST-ZIP Englewood, FL 34224 ☐ Change ☒ Addition

TITLE D
NAME SMITH, GRETCHEN
STREET ADDRESS 2256 KENYA LANE
CITY-ST-ZIP PORT CHARLOTTE FL 33983 ☐ Delete

TITLE DV
NAME Mildred Paulsen
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE DT
NAME MATTHEWS, LORRAINE
STREET ADDRESS 13801 S. TAMiami TRAIL
CITY-ST-ZIP NORTH PORT FL 34287 ☒ Delete

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:

Nancy Maggiore, Sec.

2-10-01 941-637-6116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)