

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005394

1. Entity Name

CHARLOTTE CHRISTIAN ATHLETIC ASSOCIATION, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90008 024 ****61.25

Principal Place of Business

4121 ROSE ARBOR CIR
PORT CHARLOTTE FL 33948
US

Mailing Address

4121 ROSE ARBOR CIR
PT CHARLOTTE FL 33948-2211
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

57-1064146

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

OAKS, DAVID K ESQ
252 WEST MARION AVENUE
PUNTA GORDA FL 33950

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 ☐ Delete

NAME REHFELDT, MICHAEL
STREET ADDRESS 4121 ROSE ARBOR CIR
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE ☒ Delete

NAME LUCCHETTI, BOB
STREET ADDRESS 21038 FIRWOOD TERRACE
CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE ☒ Delete

NAME BROWN, TOM
STREET ADDRESS 1499 SALYERS ST
CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE ☐ Delete

NAME DELGENIO, JOHN
STREET ADDRESS 4121 DURANT ST.
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE ☒ Delete

NAME RZAD, RICK
STREET ADDRESS 1999 KINGS HIGHWAY UNIT 136C
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE ☐ Delete

NAME BLANCHETTE, MARCEL
STREET ADDRESS 20450 TAPPAZEE DR
CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Add

NAME Gabrielle Reineck - treasurer
STREET ADDRESS 244 Fernon Circle
CITY-ST-ZIP Port Charlotte, FL 33954

TITLE ☐ Change ☐ Add

NAME VS Dwight Rose
STREET ADDRESS 2095 Hanby St.
CITY-ST-ZIP Port Charlotte, FL 33952

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME D Kim Sanders
STREET ADDRESS 2911 Caribbean Dr.
CITY-ST-ZIP Punta Gorda, FL 33982

TITLE ☐ Change ☐ Add

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: M. Rehfeldt (Michael R. Rehfeldt - President)

1-20-00

(94)

629-3982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #