

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001387

1. Entity Name

PORT CHARLOTTE COMMUNITY-CIVIC IMPROVEMENT ASSOCIATION, INC.

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90041 049 *****61.25

Principal Place of Business

722 N.W. MIRADO LANE
PORT CHARLOTTE FL 33948

Mailing Address

POST OFFICE BOX 2206
PORT CHARLOTTE FL 33949-2206

2. Principal Place of Business

3. Mailing Address

P.O. Box 494221

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte FL

4. FEI Number

59-2170539

Applied For

Not Applicable

Zip

Country

33949-4221 USA

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

BISCUP, GERALD
722 N.W. MIRADO LANE
PORT 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

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 BISCUP, GERALD
STREET ADDRESS 722 N.W. MIRADO LANE
CITY-ST-ZIP PORT CHARLOTTE FL 33948 ☐ Delete

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

TITLE DS
NAME KAY, DARLENE
STREET ADDRESS 1157 LYLE ST
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☒ Delete

TITLE DS
NAME Ellen Peterson
STREET ADDRESS 20275 Mt. Prospect Ave.
CITY-ST-ZIP PORT CHARLOTTE, FL 33952 ☐ Change ☒ Addition

TITLE PD
NAME HARTER, CARL
STREET ADDRESS 21450 BEAVERTON AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

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

TITLE TD
NAME HARE, WILLIAM DR
STREET ADDRESS 1084 WATERSIDE ST
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

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

TITLE VPD
NAME PEARSALL, KATHRYN
STREET ADDRESS 1156 LYLE ST
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

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

TITLE D
NAME DEUBEL, KEN
STREET ADDRESS 442 KOSTNER STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33954 ☐ Delete

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

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: *Carl H. Harter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02

941-766-9104

Date

Daytime Phone #

CR2E037 (9/01)