

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90741 017 \*\*\*\*61.25

**DOCUMENT # N98000001387**

1. Entity Name

**PORT CHARLOTTE COMMUNITY-CIVIC IMPROVEMENT ASSOCIATION, INC.**



Principal Place of Business

**722 N.W. MIRADO LANE  
PORT CHARLOTTE FL 33948**

Mailing Address

**P.O. BOX 494221  
PORT CHARLOTTE FL 33949-4221**

2. Principal Place of Business

**1181 DEWHURST ST**

3. Mailing Address

**PO BOX 494221**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**PORT CHARLOTTE FL.**

City & State  
**PORT CHARLOTTE FL.**

4. FEI Number **59-2170539**

Applied For

Not Applicable

Zip Country  
**33952 CHARLOTTE**

Zip Country  
**33949 CHARLOTTE**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **4221**

7. Name and Address of New Registered Agent

**BISCUP, GERALD  
722 N.W. MIRADO LANE  
PORT CHARLOTTE FL 33948**

Name **ROBERT M. TEZA**

Street Address (P.O. Box Number is Not Acceptable)  
**1181 DEWHURST ST**

City **PORT CHARLOTTE FL** Zip Code **33952**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Robert M. Teza President*

**4/3/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BISCUP, GERALD</b>	
STREET ADDRESS	<b>722 N.W. MIRADO LANE</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33948</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PETERSON, ELLEN</b>	
STREET ADDRESS	<b>20275 MT PROSPECT AVE</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARTER, CARL</b>	
STREET ADDRESS	<b>21450 BEAVERTON AVENUE</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARE, WILLIAM DR</b>	
STREET ADDRESS	<b>1084 WATERSIDE ST</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>PEARSALL, KATHRYN</b>	
STREET ADDRESS	<b>1156 LYLE ST</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEUBEL, KEN</b>	
STREET ADDRESS	<b>442 KOSTNER STREET</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33954</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TEZA, ROBERT</b>	
STREET ADDRESS	<b>1181 DEWHURST STREET</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL. 33952</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HARTER, CARL</b>	
STREET ADDRESS	<b>21450 BEAVERTON AVENUE</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL. 33952</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KAY, DARLENE</b>	
STREET ADDRESS	<b>1157 LYLE ST.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL. 33952</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PERIERA, ROSALEEN</b>	
STREET ADDRESS	<b>2482 LEVAM ST</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL. 33948</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PETERSON, ELLEN</b>	
STREET ADDRESS	<b>20275 MT PROSPECT AVE</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL. 33952</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NOVAK, EUGENE</b>	
STREET ADDRESS	<b>1585 VISCAY ST</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL. 33952</b>	

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 M. Teza*

**4/3/03**

**940-629-6462**

CR2E037 (10/02)

ATTACHMENT

ADDITIONAL DIRECTORS

10060134

N98000001387

D

JENKINS, RUBENA

3111 PELLAM BLVD.

PORT CHARLOTTE FL, 33948

ADDITION  
X

D

BARHITE, JESSE

1214 WATERSIDE ST

PORT CHARLOTTE, FL, 33952

ADDITION

X