

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005222

1. Entity Name

HISTORIC CHARLOTTE COUNTY COURT HOUSE, INC.

Principal Place of Business

~~415 WEST OLYMPIA AVENUE~~
~~PUNTA GORDA FL 33950~~

Mailing Address

~~115 WEST OLYMPIA AVENUE~~
~~PUNTA GORDA FL 33950~~

2. Principal Place of Business

4 Ocean Drive

Suite, Apt. #, etc.

3. Mailing Address

4 Ocean Drive

Suite, Apt. #, etc.

City & State

Punta Gorda, Florida

City & State

Punta Gorda, Florida

Zip

33950

Country

USA

Zip

33950

Country

USA

4. FEI Number

65-0885517

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EMERICH, GUY S

~~115 WEST OLYMPIA AVENUE~~ 99 Nesbit Street
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

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

7/26/2001

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

TITLE PD
NAME BRENNER, JANE S
STREET ADDRESS 4 OCEAN DRIVE
CITY-ST-ZIP PUNTA GORDA FL 33950

☐ Delete

TITLE SD
NAME DUNN, RANDY
STREET ADDRESS POST OFFICE BOX 1073
CITY-ST-ZIP PUNTA GORDA FL 33951

☐ Delete

TITLE D
NAME JOHNS, ALFRED M
STREET ADDRESS 26400 SEMINOLE LAKES BLVD.
CITY-ST-ZIP PUNTA GORDA FL 33955

☐ Delete

TITLE TD
NAME WEBB, SANKEY E
STREET ADDRESS 1625 WEST MARION AVENUE
CITY-ST-ZIP PUNTA GORDA FL 33950

☐ Delete

TITLE D
NAME BIEL, LEE
STREET ADDRESS 741 DEAUVILLE DRIVE
CITY-ST-ZIP PUNTA GORDA FL 33950

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

Jane S Brenner

7-30-01 941637-1025

FILED
Aug 06, 2001 8:00 am
Secretary of State

08-06-2001 90003 045 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)