

2000 UNIFORM BUSINESS REPORT (UBR)

3/.

FILED

May 03, 2000 8:00 am
Secretary of State

03-03-2000 90255 001 ****70.00

DOCUMENT # N990000003893

Entity Name

EMPLOYEES' CLUB OF CHARLOTTE CORRECTIONAL IN

Principal Place of Business CORRECTIONAL INSTITUTION OIL WELL ROAD GORDA FL 33955	Mailing Address CHARLOTTE CORRECTIONAL INSTITUTION 33123 OIL WELL ROAD PUNTA GORDA FL 33955-9758
--	---

Principal Place of Business ABOVE	3. Mailing Address ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 65-0981312	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JORNELL, WARREN W
CHARLOTTE CORRECTIONAL INSTITUTION
13123 OIL WELL ROAD
PUNTA GORDA FL 33955

7. Name and Address of New Registered Agent

Name Tamera L. Poynter
Street Address (P.O. Box Number is Not Acceptable)
33123 Oil Well Road
City Punta Gorda, FL Zip Code 33955

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 Tamera L. Poynter, Club President DATE 2/9/2000

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	---	--------------------------------	--

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	President Tamera L. Poynter 33123 Oil Well Rd. Punta Gorda, Fla. 33955
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Vice President Joan Wright 33123 Oil Well Rd. Punta Gorda, Fla. 33955
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Robert Mathewson ST 33123 Oil Well Rd. Punta Gorda, Fla. 33955
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S Vicki Lillibridge 33123 Oil Well Rd. Punta Gorda, Fla. 33955
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Tamera L. Poynter, President DATE 2/17/2000 (941-575-2828)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)