

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003893

1. Entity Name

THE EMPLOYEES' CLUB OF CHARLOTTE CORRECTIONAL IN

FILED

Mar 06, 2001 8:00 am  
Secretary of State

03-06-2001 90344 045 \*\*\*\*61.25

Principal Place of Business

CHARLOTTE CORRECTIONAL INSTITUTION  
33123 OIL WELL ROAD  
PUNTA GORDA FL 33955

Mailing Address

CHARLOTTE CORRECTIONAL INSTITUTION  
33123 OIL WELL ROAD  
PUNTA GORDA FL 33955

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0981312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

POYNTER, TAMERA L  
33123 OIL WELL RD  
PUNTA GORDA FL 33955

7. Name and Address of New Registered Agent

Name JAMES HANSEN

Street Address (P.O. Box Number is Not Acceptable)  
33123 OIL WELL RD

City Punta Gorda

FL

Zip Code 33955

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.

JAMES HANSEN

(NOTE: Registered Agent signature required when reinstating)

3-1-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POYNTER, TAMERA L 33123 OIL WELL RD PUNTA GORDA FL 33955	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WRIGHT, JOAN 33123 OIL WELL RD PUNTA GORDA FL 33955	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATHEWSON, ROBERT 33123 OIL WELL RD PUNTA GORDA FL 33955	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LILLIBRIDGE, VICKI 33123 OIL WELL RD PUNTA GORDA FL 33955	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIVINS, CATHI 33123 OIL WELL RD PUNTA GORDA, FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANZALONE, ANGIE 33123 OIL WELL RD PUNTA GORDA, FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANSEN, James 33123 OIL WELL RD PUNTA GORDA, FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WRIGHT, Joan 33123 OIL WELL RD PUNTA GORDA, FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JAMES HANSEN

3-1-01

941-575-2828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)