

2002 UNIFORM BUSINESS REPORT (UBR)

2

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-05-2002 90013 028 ****70.00

DOCUMENT # N99000003893

1. Entity Name

THE EMPLOYEES' CLUB OF CHARLOTTE CORRECTIONAL INSTITUTION INC.

Principal Place of Business

Mailing Address

CHARLOTTE CORRECTIONAL INSTITUTION
33123 OIL WELL ROAD
PUNTA GORDA FL 33955

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

7. Name and Address of New Registered Agent

HANSEN, JAMES
33123 OIL WELL RD
PUNTA GORDA FL 33955

Name **Sue Leahy**

Street Address (P.O. Box Number is Not Acceptable)

33123 Oilwell 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

Sue Leahy

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	PD	<input type="checkbox"/> Delete
NAME	BMINS, CATHI	
STREET ADDRESS	33123 OIL WELL RD	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SANZALONE, ANGIE	
STREET ADDRESS	33123 OIL WELL RD	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HANSEN, JAMES	
STREET ADDRESS	33123 OIL WELL RD	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WRIGHT, JOAN	
STREET ADDRESS	33123 OIL WELL RD	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK Knighton	
STREET ADDRESS	33123 Oilwell Rd.	
CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE	Vice President VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glenda Buendia	
STREET ADDRESS	33123 Oilwell Rd	
CITY-ST-ZIP	Punta GORDA, FL 33955	
TITLE	Treasurer TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sue Leahy	
STREET ADDRESS	33123 Oilwell Rd.	
CITY-ST-ZIP	Punta GORDA, FL 33955	
TITLE	Secretary SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amy Fuqua	
STREET ADDRESS	33123 Oilwell Rd.	
CITY-ST-ZIP	Punta GORDA, FL 33955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Sue Leahy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-02

(941) 575-2828

Date

Daytime Phone #

CR2E037 (9/01)