2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 20, 2000 8:00 am Secretary of State **DOCUMENT # V00065** 1. Entity Name PUNTA GORDA-PORT CHARLOTTE-NORTH PORT ASSOCIATIO 04-20-2000 90090 043 ***150.00 Principal Place of Business Mailing Address 3320 LOVELAND BLVD. 3320 LOVELAND BLVD. PORT CHARLOTTE FL 33980-7425 PORT CHARLOTTE FL 33980 • 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0305488 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HACKETT, JACK O II, ESQ Street Address (P.O. Box Number is Not Acceptable) 115 W. OLYMPIA AVE. PUNTA GORDA FL 33950 Zip Code FL 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. 475/76/37/05/5/5/6 5 O 1 BUILDY SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 .10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Logan, Cynthia TITLE ☐ Delete RANDOLPH, DON 1980 Kings HIghway NAME STREET ADDRESS 3320 LOVELAND BLVD. Port Charlotte, FL 33980 CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33980 TITLE □ Addition ☐ Delete TITLE TD Shayman, Geri PIZARRO, LINDA NAME NAME 931 TAmiami Tr. STREET ADDRESS 3320 LOVELAND BLVD. STREET ADDRESS 33948 Port Charlotte, FL CITY-ST-7IP CITY-ST-ZIP PORT CHARLOTTE FL 33980 McClary, Nancy Change Addition TITLE TITLE ☐ Delete JIROUT, JUDY 1203 W. Marion AVe. NAME NAME STREET ADDRESS 3320 LOVELAND BLVD. STREET ADDRESS Punta Gorda, FL 33950 CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33980 __Change ☐ Addition TITLE ☐ Delete TITLE D Jirout, Judy CALABRO, JOHN NAME NAME PO Box 27115 3320 LOVELAND BLVD. STREET ADDRESS STREET ADDRESS El Jobean, FL 33927 CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33980 Change ☐ Addition TITLE ☐ Delete TITLE D Depenbrock, Carolyn DEPENBROCK, CAROLYN NAME NAME B221 Tamiami Tr.

13. 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE:

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STREET ADDRESS

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TITLE

NAME

3320 LOVELAND BLVD.

3320 LOVELAND BLVD.

SHAYMAN, GERI

PORT CHARLOTTE FL 33980

PORT CHARLOTTE FL 33980

MENTURE AND TYPED OR PRINTED NAME O

SIGNING OFFICER OR DIRECTOR

F14-00 941-62

Port Charlotte, FL 33952

Port Charlotte, FL 33952

D MacWilliams, Judy

B285-D Tamiami Tr.

Daytime Phone #

☐ Change

☐ Addition