

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90013 029 \*\*\*550.00

**DOCUMENT # V00065**

**1. Entity Name**  
**PUNTA GORDA-PORT CHARLOTTE-NORTH PORT ASSOCIATIO**

**Principal Place of Business**  
**3320 LOVELAND BLVD.**  
**PORT CHARLOTTE FL 33980**  
**US**

**Mailing Address**  
**3320 LOVELAND BLVD.**  
**PORT CHARLOTTE FL 33980**  
**US**

**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 65-0305488**

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**

**HACKETT, JACK O II, ESQ**  
**115 W. OLYMPIA AVE.**  
**PUNTA GORDA FL 33950**

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

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐  
 Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ Delete  
**NAME** **RANDOLPH, DON**  
**STREET ADDRESS** **3320 LOVELAND BLVD.**  
**CITY-ST-ZIP** **PORT CHARLOTTE FL 33980**

**TITLE** **P** ☒ Change ☒ Addition  
**NAME** **Jirout, Judy**  
**STREET ADDRESS** **3320 Loveland Blvd.**  
**CITY-ST-ZIP** **Port Charlotte, Fl 33980**

**TITLE** **EVP** ☐ Delete  
**NAME** **PIZARRO, LINDA**  
**STREET ADDRESS** **3320 LOVELAND BLVD.**  
**CITY-ST-ZIP** **PORT CHARLOTTE FL 33980**

**TITLE** **VP** ☒ Change ☒ Addition  
**NAME** **Marvin Rohling**  
**STREET ADDRESS** **3251 Tamiami Tr.**  
**CITY-ST-ZIP** **Port Charlotte, FL 33952**

**TITLE** **S** ☐ Delete  
**NAME** **JIROUT, JUDY**  
**STREET ADDRESS** **3320 LOVELAND BLVD.**  
**CITY-ST-ZIP** **PORT CHARLOTTE FL 33980**

**TITLE** **S** ☒ Change ☒ Addition  
**NAME** **Judy MacWilliams**  
**STREET ADDRESS** **3265-D Tamiami Tr.**  
**CITY-ST-ZIP** **Port Charlotte, FL 33952**

**TITLE** **T** ☐ Delete  
**NAME** **CALABRO, JOHN**  
**STREET ADDRESS** **3320 LOVELAND BLVD.**  
**CITY-ST-ZIP** **PORT CHARLOTTE FL 33980**

**TITLE** **T** ☒ Change ☐ Addition  
**NAME** **Shayman, Geri**  
**STREET ADDRESS** **1934 Tamiami Tr.**  
**CITY-ST-ZIP** **Port Charlotte, FL 33948**

**TITLE** **D** ☐ Delete  
**NAME** **DEPENBROCK, CAROLYN**  
**STREET ADDRESS** **3320 LOVELAND BLVD.**  
**CITY-ST-ZIP** **PORT CHARLOTTE FL 33980**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **SHAYMAN, GERI**  
**STREET ADDRESS** **3320 LOVELAND BLVD.**  
**CITY-ST-ZIP** **PORT CHARLOTTE-FL 33980**

**TITLE** **V** ☐ Change ☒ Addition  
**NAME** **Nancy McClary**  
**STREET ADDRESS** **1203 W. Marion Ave.**  
**CITY-ST-ZIP** **Port Charlotte, Fl 33950**

**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 trustee 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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment  
845472  
# 100065

Additional Names

D Addition  
Petcher, James  
1133 Bal Harbor Blvd.  
Punta Gorda, FL 33950

D Addition  
Puska, Will  
2825 Tamiami Tr.  
Punta Gorda, FL 33950

D Addition  
Leonard, Richard  
144 W. Marion Ave.  
Punta Gorda, FL 33950

D Addition  
Logan, Cynthia  
1980 Kings Highway Blvd.  
Port Charlotte, FL 33980

D Addition  
Morgan, Edwin  
4456 Tamiami Tr.  
Port Charlotte, FL 33980

D Addition  
Rohling, Marvin  
3251 Tamiami Tr.  
Port Charlotte, FL 33952

D Addition  
Bry, Michelle  
1980 Kings Highway Blvd.  
Port Charlotte, FL 33980

M Addition  
Pizarro, Linda  
3320 Loveland Blvd.  
Port Charlotte, FL 33980