

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90176 020 ***150.00

0492942 AV

DOCUMENT # V00065

1. Entity Name

PUNTA GORDA-PORT CHARLOTTE-NORTH PORT ASSOCIATION OF REALTORS MLS, INC.

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. ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **JIROUT, JUDY**
 STREET ADDRESS **3320 LOVELAND BLVD.**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **P** ☒ Change ☐ Addition
 NAME **Nancy McClary**
 STREET ADDRESS **2825 Tamiami Tr.**
 CITY-ST-ZIP **Punta Gorda, FL 33950**

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

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

TITLE **S** ☐ Delete
 NAME **MACWILLIAMS, JUDY**
 STREET ADDRESS **3265-D TAMIAM TR**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

TITLE **TD** ☒ Delete
 NAME **SHAYMAN, GERI**
 STREET ADDRESS **1934 TAMIAM TR**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **S** ☒ Change ☐ Addition
 NAME **Terry Benedetti**
 STREET ADDRESS **4045 Tamiami Tr.**
 CITY-ST-ZIP **Port Charlotte, FL 33952**

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

TITLE **D** ☒ Change ☐ Addition
 NAME **Jim Petcher**
 STREET ADDRESS **1133 Bal Harbor Blvd. Suite 1129**
 CITY-ST-ZIP **Punta Gorda, FL 33950**

TITLE **V** ☒ Delete
 NAME **MCCLARY, NANCY**
 STREET ADDRESS **1203 W MARION AVE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33950**

TITLE **V** ☒ Change ☐ Addition
 NAME **Norm White**
 STREET ADDRESS **2369 Risken Ter.**
 CITY-ST-ZIP **Port Charlotte, FL 33981**

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 (9/01)

2-8-02 941-629-8261