

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90059 039 ****61.25

DOCUMENT # 718539

1. Entity Name

HAMPSHIRE HOUSE OF PORT CHARLOTTE -A CONDOMINIUM

Principal Place of Business

Mailing Address

CHARLOTTE SQUARE CONDOMINIUMS
MANAGER'S OFFICE-2296 AARON ST.
PORT CHARLOTTE FL 33952

CHARLOTTE SQUARE CONDOMINIUMS
MANAGER'S OFFICE-2296 AARON ST.
PORT CHARLOTTE FL 33952

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

59-1574993

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

MACILVANE, RON
1011 W. HENRY
PUNTA GORDA FL 33950

Name **CHESTER REED**
Street Address (P.O. Box Number is Not Acceptable) **21320 BRINSON AVENUE #220**
City **Port Charlotte** FL Zip Code **33952**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	SD REID, IRENE 21320 BRINSON AVE UNIT 116 PORT CHARLOTTE FL 33952	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REID, GLEN 21320 BRINSON AVE 206 PT CHARLOTTE FL 33957	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACILVANE, RONALD 21320 BRINSON AVE UNIT 220 PORT CHARLOTTE FL 33952	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANIER, JEAN 21320 BRINSON AVE., UNIT 205 PORT CHARLOTTE FL 33952	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Chester A. Reed 21320 Brinson Ave #220 Port Charlotte FL 33952	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 21320 Brinson Ave # PORT Charlotte, FL 33952	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD 21320 Brinson Ave # Port Charlotte FL 33952	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD 21320 Brinson Ave # Port Charlotte FL 33952	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 21320 Brinson Ave # Port Charlotte FL 33952	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)