

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767206

1. Entity Name

CHARLOTTE BAY RESORT & CLUB ASSOCIATION, INC.

Principal Place of Business

23128 BAYSHORE ROAD
PORT CHARLOTTE FL 33980

Mailing Address

23128 BAYSHORE ROAD
PORT CHARLOTTE FL 33980

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DAVIES, CHRISTOPHER N.
1415 HENDRY ST
FT MYERS FL 33901

7. Name and Address of New Registered Agent

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WILLIAMS, WALTER L.
18205 O'HARA DR.
PORT CHARLOTT FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HOLDRIDGE, RICHARD
1605 NORTH DRIVE
FORT MYERS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NEWBERRY, JERALD
P.O. BOX 1947 N/A
ARCADIA FL 34625 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FLYNN, PAUL
1397 DORCHESTER STREET
PORT CHARLOTTE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVD
MATSON, JOANNE S.
1729 INLAND DR.
N. FORT MYERS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HOLCOMB, KATHLEEN
319 YORKSHIRE ST
PORT CHARLOTTE FL 33954 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JUDSON, THEODORE
17950 Antherium Lane
N. Ft. Myers, FL 33917 ☐ Change ☒ Addition

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

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

TITLE
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☐ 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: Richard Holdridge REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01

Date

941-627-2300

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

13/2

FILED
Apr 09, 2001 8:00 am
Secretary of State
04-09-2001 90055 021 ****61.25