

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90062 031 \*\*\*\*61.25

DOCUMENT # 712761

1. Entity Name

CHARLOTTE HARBOR FLOTILLA, INC.

Principal Place of Business

CHARLOTTE HARBOR FLOTILLA INC  
PO BOX 2182  
PORT CHARLOTTE FL 33949  
US

Mailing Address

CHARLOTTE HARBOR FLOTILLA INC  
PO BOX 2182  
PORT CHARLOTTE FL 33949  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6215574

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KAVANAGH, FRANK J.  
3306 ANTIGUA DR  
PUNTA GORDA FL 33950

Name ALBERT E RHEA

Street Address (P.O. Box Number is Not Acceptable)

391 YEAGER ST

City PORT CHARLOTTE

FL

Zip Code 33954

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 ALBERT E. RHEA

Signature, typed or printed name of registered agent and title if applicable.

*Albert E. Rhea*

(NOTE: Registered Agent signature required when reinstating)

4-16-2001

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	VPD	<input checked="" type="checkbox"/> Delete
NAME	RHEA, ALBERT E	
STREET ADDRESS	391 YEAGER ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PHILLIP R. MERRILL	
STREET ADDRESS	3936 CROOKED ISLAND	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BARRETT, RONALD	
STREET ADDRESS	1225 NEAPOLITAN RD	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WIGDERSON, MAURICE B.	
STREET ADDRESS	1233 NEAPOLITAN RD	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ADOMATIS, RICHARD E.	
STREET ADDRESS	125 ROSELLE CT	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAWKINS, LORRAINE	
STREET ADDRESS	4152 REIF CT	
CITY-ST-ZIP	PORT CHARLOTTE FL	

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH BERTRAM	
STREET ADDRESS	474E. TARPON BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES BURNETT	
STREET ADDRESS	3905 CROOKED ISLAND DR	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT E. RHEA	
STREET ADDRESS	391 YEAGER ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELISSA BALDWIN	
STREET ADDRESS	1133 BAL HARBOR BLVD	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ANNE WASHBAUGH	
STREET ADDRESS	125 BALDWIN CT SE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM N. SEILER	
STREET ADDRESS	1099 ARCHER ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	

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:

*Albert E. Rhea* REQUIRED

4-16-2001

941-764-8990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0070482