

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90106 022 ****61.25

0014463

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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

P.O. BOX 494194
PORT CHARLOTTE FL 33949
US

2. Principal Place of Business

1242 Windward Ct

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33950

U.S.A.

4. FEI Number 59-6215574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERTRAM, J. KENNETH
474 E. TARPON BLVD.
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name HARRY KRUG
Street Address (P.O. Box Number is Not Acceptable)
21307 PERCY
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

Aug. 20, 2003

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PT	☒ Delete
NAME	BERTRAM, J. KENNETH	
STREET ADDRESS	474 E. TARPON BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	VPD	☒ Delete
NAME	COXON, MORAN	
STREET ADDRESS	18411 MEYER AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	SD	☐ Delete
NAME	WASHABAUGH, MARY ANNE	
STREET ADDRESS	125 BALDWIN COURT S.E.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	☐ Delete
NAME	RHEA, ALBERT E	
STREET ADDRESS	391 YEAGER STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TED	☒ Change ☐ Addition
NAME	THELMA LINDBERG	
STREET ADDRESS	1242 WINDWARD CT.	
CITY-ST-ZIP	PUNTA GORDA, FL. 33950	
TITLE	D.	☐ Change ☒ Addition
NAME	PHILLIP MERRILL	
STREET ADDRESS	3936 CROOKED ISLAND DR.	
CITY-ST-ZIP	PUNTA GORDA, FL. 33950	
TITLE	P	☒ Change ☐ Addition
NAME	HARRY KRUG	
STREET ADDRESS	21307 PERCY	
CITY-ST-ZIP	PORT CHARLOTTE, FL. 33952	
TITLE	VPD	☒ Change ☐ Addition
NAME	PAUL MARCIZZO	
STREET ADDRESS	1339 OSPREY DR.	
CITY-ST-ZIP	PUNTA GORDA, FL. 33950	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)