

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90045 006 ****61.25

DOCUMENT # 715055

1. Entity Name

CHESAPEAKE MANOR, INC.

Principal Place of Business

**1417 CHESAPEAKE AVE
 NAPLES FL 34102**

Mailing Address

**1417 CHESAPEAKE AVE
 BUILDING 1
 NAPLES FL 34102
 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

59-1658281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HALDEMAN, ALOISE
 2384 WASHINGTON AVE
 NAPLES FL 34112**

7. Name and Address of New Registered Agent

Name

Rose A. Bordonaro

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

Bldg. #2 - Unit #106

1417 Chesapeake Ave.

City

Naples

FL

Zip Code

34102

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 **Rose A. Bordonaro**

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

(NOTE: Registered Agent signature required when reinstating)

February 7, 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

TITLE **P** ☐ Delete
 NAME **DE-BOER, HAROLD**
 STREET ADDRESS **1417 CHESAPEAKE AVE APT 108**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE **VP** ☐ Delete
 NAME **BOOMSMA, ARCHIE**
 STREET ADDRESS **1417 CHESAPEAKE AVE APT 102**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE **TD** ☒ Delete
 NAME **HALDEMAN, ALOISE**
 STREET ADDRESS **2384 WASHINGTON AVE**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE **SD** ☐ Delete
 NAME **MUTTLE, MARIE**
 STREET ADDRESS **1417 CHESAPEAKE AVE APT 201**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE **PD** ☒ Delete
 NAME **BORDONARO, ROSE**
 STREET ADDRESS **1417 CHESAPEAKE AVE., APT. 106**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **Treas.** ☒ Change ☐ Addition
 NAME **Rose A. Bordonaro**
 STREET ADDRESS **1417 Chesapeake Av. Unit #106**
 CITY-ST-ZIP **Naples, FL 34102**

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

TITLE **Dir** ☒ Change ☐ Addition
 NAME **Jerry Holloway**
 STREET ADDRESS **1417 Chesapeake Av. Unit #208**
 CITY-ST-ZIP **Naples, FL 34102**

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: **Rose A. Bordonaro** **2/7/01 941-774-4465**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)