

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2001 8:00 am**  
**Secretary of State**

06-06-2001 90002 030 \*\*\*\*61.25

**DOCUMENT # 717562**

1. Entity Name

**FORT CHARLES SHORES, INC.**

Principal Place of Business

C/O OJR EXECUTIVE SERVICE INC  
 NAPLES FL 34103  
 US

Mailing Address

3936 N. TAMiami TRAIL STE A  
 NAPLES FL 34103  
 US

2. Principal Place of Business

*C/O R. Santerre CPA*

3. Mailing Address

Suite, Apt. #, etc.

*500 5th Ave So*

City & State

*Naples FL*

Zip

*34102*

Country

*Collier*

Country

4. FEI Number

**59-1522429**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**RICHARDS, O.J.**  
**3936 N TAMiami TR, SUITE A**  
**NAPLES FL 34103**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | VPD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | BAKER, DONNA            |  |
| STREET ADDRESS | 3510 FORT CHARLES DR    |  |
| CITY-ST-ZIP    | NAPLES FL 34102         |  |
| TITLE          | PD                      | <input type="checkbox"/> Delete            |
| NAME           | NORRIS, JAMES           |  |
| STREET ADDRESS | 3660 FORT CHARLES DRIVE |  |
| CITY-ST-ZIP    | NAPLES FL 34102         |  |
| TITLE          | TD                      | <input type="checkbox"/> Delete            |
| NAME           | DOEHRMAN, DRUSCILLA     |  |
| STREET ADDRESS | 3430 FT CHARLES DR      |  |
| CITY-ST-ZIP    | NAPLES FL 34102         |  |
| TITLE          | VPD                     | <input type="checkbox"/> Delete            |
| NAME           | William B. VanMeter     |  |
| STREET ADDRESS | 3400 FT CHARLES DR      |  |
| CITY-ST-ZIP    | NAPLES FL 34102         |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

CR2E037 (10/00)

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

*6/1/01 (941) 261-9439*