

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768932

1. Entity Name

PORT CARLOS COVE, INCORPORATED

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90041 033 ****61.25

Principal Place of Business

Mailing Address

1802 MAIN STREET
FORT MYERS BEACH FL 33931

1802 MAIN STREET
FORT MYERS BEACH FL 33931-3400

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2234528

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

SHIELDS, CHRIS
1833 HENDRY ST.
FORT MYERS FL 33901

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
HARTMAN, ROBERT
116 BLACKBEARD WAY
FT. MYERS BEACH FL 33931 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Swartz, Wally
132 Cortez Way
Ft. Myers Beach, FL 33931 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GREENE, ROBERT
67 CORTEZ WAY
FT MYERS BEACH FL 33931 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Gravelle, Roger
3 Galleon Way
Ft. Myers Beach, FL 33931 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ANDERSON, CHARLES
84 BLACKBEARD WAY
FT. MYERS BEACH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SELLERS, PEGGY J
89 BLACKBEARD WAY
FT MYERS BEACH FL 33931 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ATSD
TRIPLEHORN, BEVERLY
144 BARBADOS WAY
FT. MYERS BEACH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (9/99)