

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A14022**

1. Entity Name

ST. CHARLES ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 16 PM 1:33

Principal Place of Business

1001 U.S. HIGHWAY 1
JUPITER FL 33458

Mailing Address

701 MAIDEN CHOICE LANE
BALTIMORE MD 21228-5968

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2193189

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

9. Capital Contributions
as Shown on record.

\$1,040,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

Same

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F99000000725
NAME CHARLESTOWN COMMUNITY, INC.
STREET ADDRESS 715 MAIDEN CHOICE LANE
CITY - ST - ZIP BALTIMORE MD 21228

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # M99000000178
NAME CHARLESTOWN COMMUNITY REAL ESTATE, LLC
STREET ADDRESS 715 MAIDEN CHOICE LANE
CITY - ST - ZIP BALTIMORE MD 21228

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Boye R. Gindred
Boye R. Gindred
Executive Vice President of Charlestown Community Inc. Partner

4-28-00

Date

410-737-8882

Daytime Phone #