

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001266**

1. Entity Name  
**FT. CHARLES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 22 AM 10:55

Principal Place of Business  
**1262 THIRD STREET SOUTH  
NAPLES FL 33940**

Mailing Address  
**1262 THIRD STREET SOUTH  
NAPLES FL 34102-7238**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1150 CENTRAL AVE**  
Suite, Apt. #, etc.  
**NAPLES, FL**  
City & State

3. Mailing Address  
**1150 CENTRAL AVE**  
Suite, Apt. #, etc.  
City & State  
**NAPLES FL**

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

Zip  
**34102**

Country

Zip  
**34102**

Country

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

**COLEMAN, KEVIN G  
C/O GOODLETTE, COLEMAN & JOHNSON  
4001 9TH STREET NORTH  
NAPLES FL 34102**

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.

**\$350,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**122501  
CONTINENTAL CONSTRUCTION OF S.W. FLA., INC  
1262 THIRD STREET SOUTH  
NAPLES FL 34102**

DOCUMENT #  
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CITY - ST - ZIP

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13.

STREET ADDRESS

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**1150 CENTRAL Avenue**

**NAPLES, FL 34102**

**2/29/00**

**7000003158297-3**

**03/06/00-01096-004**

**\*\*\*\*535.00 \*\*\*\*535.00**

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #