

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010639 AF

DOCUMENT # A98000001266

1. Entity Name

FT. CHARLES, LTD.

Principal Place of Business

1150 CENTRAL AVE.  
NAPLES FL 34102

Mailing Address

1150 CENTRAL AVE.  
NAPLES FL 34102

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

FILED

01 MAY 31 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FL 32399



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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

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 # L22501  
NAME CONTINENTAL CONSTRUCTION OF S.W. FLA., INC  
STREET ADDRESS 1150 CENTRAL AVE.  
CITY-ST-ZIP NAPLES FL 34102

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP 800004420778--7  
-06/14/01--01100--030  
\*\*\*\*\*97.50 \*\*\*\*\*97.50

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS  
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CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)