

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90103 035 ***150.00

DOCUMENT # F94000002126

1. Entity Name
CHESAPEAKE HOLDINGS FORT MYERS, LIMITED CORPORAT
ION

Principal Place of Business
25 S. CHARLES ST. #101-747
BALTIMORE MD 21201

Mailing Address
25 S. CHARLES ST. #101-747
BALTIMORE MD 21201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1826094

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEFELICE, NICHOLAS A	
STREET ADDRESS	25 S. CHARLES ST. #101-747	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	P	<input type="checkbox"/> Delete
NAME	BROCKS, CHAUNCEY III	
STREET ADDRESS	25 S. CHARLES STREET, #101-747	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CHAUNCEY, BROOKS III	
STREET ADDRESS	25 S. CHARLES ST. #101-747	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KALIS, MICHAEL M	
STREET ADDRESS	25 S. CHARLES ST. #101-747	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	MATHEWS, LOUIS P JR.	
STREET ADDRESS	25 S. CHARLES ST. #101-747	
CITY-ST-ZIP	BALTIMORE MD 21201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOPER DONALD S.	
STREET ADDRESS	25 S. CHARLES ST. #101-747	
CITY-ST-ZIP	BALTIMORE, MD 21201	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCKS, CHAUNCEY III	
STREET ADDRESS	25 S. CHARLES STREET, #101-747	
CITY-ST-ZIP	BALTIMORE, MD 21201	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMBERT, GEORGE A.	
STREET ADDRESS	25 S. CHARLES ST. #101-747	
CITY-ST-ZIP	BALTIMORE, MD 21201	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRY, MARK J.	
STREET ADDRESS	25 S. CHARLES ST. #101-747	
CITY-ST-ZIP	BALTIMORE, MD 21201	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWS, LOUIS P JR	
STREET ADDRESS	25 S. CHARLES ST. #101-747	
CITY-ST-ZIP	BALTIMORE, MD 21201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Chauncey Brooks III
President

Date

4/4/02 (410) 575-2366

Daytime Phone #

CR2E034 (9/01)