

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90117 022 \*\*\*150.00

**DOCUMENT # F94000006452**



1. Entity Name  
**CRISTEVANA CHARTERS, INC.**

Principal Place of Business  
**1508 ISLAMORADA BLVD.  
PUNTA GORDA FL 33955**

Mailing Address  
**1508 ISLAMORADA BLVD.  
PUNTA GORDA FL 33955**



2. Principal Place of Business  
**17536 VELLUM CIRCLE**  
Suite, Apt. #, etc.

3. Mailing Address  
**17536 VELLUM CIR.**  
Suite, Apt. #, etc.

City & State  
**PUNTA GORDA**  
Zip  
**33955**

City & State  
**PUNTA GORDA**  
Zip  
**33955**

4. FEI Number **51-0319621**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**BARBER, CHARLES**  
**1508 ISLAMORADA BLVD.**  
**PUNTA GORDA FL 33955**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Mar 31 2003**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PTD</b> <input type="checkbox"/> Delete
NAME	<b>BARBER, CHARLES W</b>
STREET ADDRESS	<b>1508 ISLAMORADA BLVD</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL 33955</b>
TITLE	<b>VPS</b> <input type="checkbox"/> Delete
NAME	<b>KAREN P SJURSEN</b>
STREET ADDRESS	<b>1508 ISLAMORADA BLVD</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, 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

**Mar 31 2003**  
Date Daytime Phone #

CR2E034 (10/02)