

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F98000001481**

1. Entity Name

**PORT CHARLOTTE MANAGMENT COMPANY****FILED**  
**Aug 11, 2002 8:00 am**  
**Secretary of State**

08-11-2002 90164 002 \*\*\*150.00

0128881 AT

Principal Place of Business

**5777 BENEVA ROAD S.  
SARASOTA FL 34233**

Mailing Address

**1225 TAMiami TRL 84  
PORT CHARLOTTE FL 33953-3869**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **52-2070834**

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

**PREWETT, DANIEL L  
5777 BENEVA ROAD S.  
SARASOTA FL 34233**

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. 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

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**PST  
BOND, JAMES  
5777 BENEVA ROAD S.  
SARASOTA FL 34233**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**DC  
BOND, JAMES  
5777 BENEVA ROAD S.  
SARASOTA FL 34233**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
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NAME  
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CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition

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 REQUIRED

8/6/02 9416250141

CR2E034 (4/02)

Attachment

F98000001481

DEAR SIR OR MADAM:

PLEASE ACCEPT THIS RETURN & CHECK  
FOR \$150.00 TO REGISTER MY COMPANY  
FOR THE 2002 CALENDAR YEAR. THIS  
FORM ENCLOSED WAS THE 1ST FORM  
I RECEIVED THIS YEAR ON THIS OBLIGATION  
AND AM NOW EXPIDING RETURN WITH CHECK.

PLEASE IN THE FUTURE USE THE MAILING  
ADDRESS ON THIS FORM TO ~~BE~~ NOTIFY  
ME NEXT YEAR.

THANK YOU FOR YOUR UNDERSTANDING IN  
THIS MATTER.

Sincerely  
James Berel