

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G81015

1. Entity Name

ST. CHARLES PLACE OF CLEARWATER, INC.

FILED

Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90024 029 ***150.00

Principal Place of Business

Mailing Address

C/O HOGAN & BREAKSTONE PA
613 S. MYRTLE AVE.
CLEARWATER FL 33756

C/O HOGAN & BREAKSTONE PA
613 S. MYRTLE AVE.
CLEARWATER FL 33756-5615

2. Principal Place of Business

c/o Alfred Macina

3. Mailing Address

c/o Alfred Macina

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1830 Oaklake Drive

1830 Oaklake Drive

City & State

City & State

Clearwater, FL 33764

Clearwater, FL 33764

Zip
33764

Country
USA

Zip
33764

Country
USA

4. FEI Number

59-2369323

Applied For

Not Applicable

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

HOGAN, ELWOOD JR
613 S. MYRTLE AVE.
CLEARWATER FL 33756

Name
Alfred Macina

Street Address (P.O. Box Number is Not Acceptable)
1830 Oaklake Drive

City
Clearwater

FL

Zip Code
33764

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-24-00

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, 2000 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 ☐ Delete
NAME PD
STREET ADDRESS LOGUE, PATRICK
CITY-ST-ZIP 1773 LONG BOW LANE
CLEARWATER FL 33764

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS MACINA, ALFRED
CITY-ST-ZIP 1830 OAKLAKE DRIVE
CLEARWATER FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS HOGAN, ELWOOD J
CITY-ST-ZIP 1233 WELLINGTON DR
CLEARWATER FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME STD
STREET ADDRESS MACINA, ALFRED
CITY-ST-ZIP 1830 OAKLAKE DR
CLEARWATER FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

3/25/00
Date

927-461-1111
Daytime Phone #

CR2E034 (9/99)