

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H28911

1. Entity Name

CHARIS PLACE, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90219 001 ***158.75

Principal Place of Business

3655 CORTEZ RD WEST
STE 110
BRADENTON FL 34210

Mailing Address

3655 CORTEZ RD WEST
STE 110
BRADENTON FL 34210-3147

2. Principal Place of Business

1027 W. Main Street

3. Mailing Address

311 Castle Shannon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg, FL

City & State

Pittsburgh, PA

Zip

34748

Country

USA

Zip

15234

Country

USA

4. FEI Number

59-2469005

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

LEVITAN, DANIEL
16831-D ISLE OF PALMS
DELRAY BCH FL 33484

Name

Charles F. Johnson, III

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

822 11th Street West

City

Bradenton

FL

Zip Code 34205

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

4/27/00

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 | CCEO | <input checked="" type="checkbox"/> Delete |
| NAME | LEVITAN, DANIEL | |
| STREET ADDRESS | 3655 CORTEZ RD W STE 110 | |
| CITY-ST-ZIP | BRADENTON FL 34210 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | CALLAHAN, DARRUL | |
| STREET ADDRESS | 3655 CORTEZ RD W STE 110 | |
| CITY-ST-ZIP | BRADENTON FL 34210 | |
| TITLE | SVC | <input type="checkbox"/> Delete |
| NAME | CONARD, BETTY A | |
| STREET ADDRESS | 3655 CORTEZ RD W STE 110 | |
| CITY-ST-ZIP | BRADENTON FL 34210 | |
| 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 | | |

| | | |
|----------------|-------------------------|--|
| 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 | EVP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CONARD, BETTY A. | |
| STREET ADDRESS | 1604 71st STREET NW | |
| CITY-ST-ZIP | Bradenton, FL 34209 | |
| TITLE | Ceo/President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Robert C. Lohr | |
| STREET ADDRESS | 311 Castle Shannon Blvd | |
| CITY-ST-ZIP | Pittsburgh, PA 15234 | |
| 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 | | |

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

Date

Daytime Phone #

4/27/00

412-341-4500

CR2E034 (9/99)