

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K08151

1. Entity Name

CHARLES, MARGARET & CHERI, INC.

Principal Place of Business

17105 SAN CARLOS BOULEVARD  
SUITE A-6  
FORT MYERS BEACH FL 33931  
US

Mailing Address

17105 SAN CARLOS BOULEVARD  
SUITE A-6  
FORT MYERS BEACH FL 33931-5322  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

RAUCHFUSS, CHARLES  
5939 SW 1ST AVE  
CAPE CORAL FL 33914

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.

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, 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

TITLE PVST  
NAME RAUCHFUSS, CHARLES  
STREET ADDRESS 17105 SAN CARLOS BOULEVARD, SUITE A-6  
CITY-ST-ZIP FORT MYERS BEACH FL

☐ Delete

TITLE D  
NAME RAUCHFUSS, MARGARET W.  
STREET ADDRESS 17105 SAN CARLOS BOULEVARD, SUITE A-6  
CITY-ST-ZIP FORT MYERS BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 #

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90045 048 \*\*\*150.00

906753



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0019104

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required