

2001 UNIFORM BUSINESS REPORT (UBR)

0021886 AF

DOCUMENT # L00000013205

1. Entity Name

CHARDE PARTNERSHIP, LLC

FILED

01 FEB -9 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

207 N. COLLIER BLVD.
MARCO ISLAND FL 34145

207 N. COLLIER BLVD.
MARCO ISLAND FL 34145

2. Principal Place of Business

207 N. COLLIER BLVD.

3. Mailing Address

B. R. GLYNN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

169 GODFREY RD.

City & State

MARCO ISLAND,

City & State

LUDLOW, VT.

Zip

34145

Country

Zip

05149

Country

WINDSOR

4. FEI Number

FIN #59-3680922

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, WILLIAM G ESQ.
247 N. COLLIER BLVD., STE. 202
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name

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

400003709094--7

City

02/19/01-01026-009
*****55.06L *****55.00

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE: MANAGER ☒ Delete
NAME: JOSEPH B CHARDE
STREET ADDRESS: 207 N. COLLIER BLVD.
CITY-ST-ZIP: MARCO ISLAND, FLA. 34145

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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CITY-ST-ZIP:
☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

10. ADDITIONS / CHANGES

TITLE: MANAGER ☒ Change ☐ Addition
NAME: BRIAN R. GLYNN
STREET ADDRESS: 169 GODFREY RD.
CITY-ST-ZIP: LUDLOW, VT. 05149

TITLE: ☐ Change ☒ Addition
NAME: KELLY BARRIEIRA
STREET ADDRESS: SHAWON PLACE
CITY-ST-ZIP: FOXBORO, MASS 02035
MANAGING PARTNER (SEC.)

TITLE: ☐ Change ☒ Addition
NAME: ALLEN DUQUET
STREET ADDRESS: 207 N COLLIER BLVD
CITY-ST-ZIP: MARCO ISLAND, FLA 34145
MANAGING PARTNER

TITLE: ☒ Change ☐ Addition
NAME: JOSEPH B CHARDE
STREET ADDRESS: 207 N. COLLIER BLVD
CITY-ST-ZIP: MARCO ISLAND, FLA. 34145
MANAGING PARTNER

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-29-01

802-228 8794

CR2E083 (11/00)