

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90187 007 ***150.00

DOCUMENT # L01000005946

1. Entity Name

CHARLOTTE ES PROPERTIES, LLC

Principal Place of Business

3161 HARBOR BLVD.

UNIT C

PORT CHARLOTTE FL 33952

Mailing Address

3161 HARBOR BLVD.

UNIT C

PORT CHARLOTTE FL 33952

954695

2. Principal Place of Business

3. Mailing Address

1133 Bal Harbor Blvd. #1139

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 310

City & State

City & State

Punta Gorda, FL 33950

Zip

Country

Zip

Country

33950

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1096983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, GARY

100 S. ASHLEY DRIVE

SUITE 1500

TAMPA FL 33602

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.

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **President MGRM** ☐ Delete
NAME **James S. Amontree M.D.**
STREET ADDRESS **3161 Harbor Blvd. Unit C**
CITY-ST-ZIP **Port Charlotte, FL 33952**

TITLE **MGRM** ☐ Change ☒ Addition
NAME **James S. Amontree M.D.**
STREET ADDRESS **3161 Harbor Blvd. Unit C**
CITY-ST-ZIP **Pt. Charlotte, FL 33952**

TITLE **MGRM** ☐ Delete
NAME **Maureen Moopen M.D.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition
NAME **Maureen Moopen M.D.**
STREET ADDRESS **2400 Harbor Blvd.**
CITY-ST-ZIP **Pt. Charlotte, FL 33952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition
NAME **Sovi Joseph M.D.**
STREET ADDRESS **2400 Harbor Blvd.**
CITY-ST-ZIP **Pt. Charlotte, FL 33952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

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]

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

4/22/02

Date

Daytime Phone #

CR2E083 (9/01)