

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93000000314

1. Entity Name

CHARTER CLUB PROPERTIES, L. C.

Principal Place of Business

1000 TENTH AVENUE SOUTH
NAPLES FL 33940

Mailing Address

12734 KENWOOD LANE
SUITE 89
FORT MYERS FL 33907-5638

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0438276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ECKERTY, THOMAS G
12734 KENWOOD LANE
SUITE 89
FORT MYERS FL 33907-5368

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME TROWBRIDGE, DAVID
STREET ADDRESS 3135 LACOSTA CIRCLE #304
CITY- ST- ZIP NAPLES FL 34105

TITLE MGR ☒ Delete
NAME KLEIST, PETER D
STREET ADDRESS 12734 KENWOOD AVENUE, STE 89
CITY- ST- ZIP FT. MYERS FL 33907

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600003128446--0
CITY- ST- ZIP -02/09/00--01001--020
*****50.00 *****50.00

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

FILED
00 FEB -4 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

SIGNATURE REQUIRED

1-18-00 941-261-5559 Ext 104