

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L93000000314**

1. Entity Name

**CHARTER CLUB PROPERTIES, L. C.**

FILED

01 APR 19 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**1000 TENTH AVENUE SOUTH  
NAPLES FL 33940**

Mailing Address

**12734 KENWOOD LANE**

**SUITE 89**

**FORT MYERS FL 33907**

2. Principal Place of Business

*same*  
Suite, Apt. #, etc.

3. Mailing Address

**1000 10th AVE South**

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

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**

**DAVID PETERSON, ESQ  
QUALES & BAADY, LLP  
4501 TAMMAMI TAIL N. Suite 200  
NAPLES, FL. 34103-3060**

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**100004084411--9**  
**-04/27/01--01037--025**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4-13-01 94-261-5559 x164**

CR2E083 (11/00)