

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90236 042 ****61.25

DOCUMENT # N37189

1. Entity Name

CHARLOTTE HARBORWATCH INC.

Principal Place of Business

Mailing Address

%HAROLD R DEJAGER
2101 BAYOU ROAD
PUNTA GORDA FL 33950

%HAROLD R DEJAGER
2101 BAYOU ROAD
PUNTA GORDA FL 33950-5101

00041000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0191261

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent -

Name

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

City

FL

Zip Code

DEJAGER, HAROLD R
2101 BAYOU ROAD
PUNTA GORDA FL 33950

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:
SEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	CAMERON, DONALD	
STREET ADDRESS	853 B MECCA DR	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LYNCH, ROBERT	
STREET ADDRESS	245 LIDO DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEJAGER, HAROLD R	
STREET ADDRESS	2101 BAYOU ROAD	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BOSSMAN, BRENDA	
STREET ADDRESS	2424 PLACIDA RD #303D	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HAROLD R DEJAGER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-11-00 PH-637-8493