

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39621

1. Entity Name

CHATHAM SQUARE II, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90129 007 ****61.25

Principal Place of Business

Mailing Address

11100 SOUTH 5TH AVE
SUITE 201
NAPLES FL 34102
US

1100 SOUTH 5TH AVE
STE 201
NAPLES FL 34102-6407
US

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

65-0215008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBERT HALL AND ASSOCIATES
1100 FIFTH AVE., S
SUITE 201
NAPLES FL 34102

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 \$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

TITLE **D** ☒ Delete
NAME **PALERMO, ALFRED**
STREET ADDRESS **7025 DENNIS CIRCLE G-205**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **DTAV** ☐ Delete
NAME **CLARK, JOAN**
STREET ADDRESS **7065 DENNIS CIRCLE #F108**
CITY-ST-ZIP **NAPLES FL**

TITLE **PD** ☐ Delete
NAME **HAHH, JAMES**
STREET ADDRESS **7105 DENNIS CIRCLE E-304**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **DS** ☐ Delete
NAME **LASITA, JOE**
STREET ADDRESS **7105 DENNIS CIR., E-205**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **DV** ☐ Delete
NAME **OLLENBURG, JIM**
STREET ADDRESS **6985 DENNIS CIR., H-101**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DAY** ☐ Change ☒ Addition
NAME **MANNING MARY**
STREET ADDRESS **7065 DENNIS CIR F-106**
CITY-ST-ZIP **NAPLES FL 34104**

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00

CR2E037 (9/99)