

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90255 003 \*\*\*\*61.25

**DOCUMENT # N39621**

1. Entity Name

**CHATHAM SQUARE II, INC.**

Principal Place of Business

11100 SOUTH 5TH AVE.  
 SUITE 201  
 NAPLES FL 34102  
 US

Mailing Address

1100 SOUTH 5TH AVE  
 STE 201  
 NAPLES FL 34102  
 US

**B0101448**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4100 CORPORATE SQUARE**

3. Mailing Address

**4100 CORPORATE SQUARE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 105**

**SUITE 105**

City & State

City & State

**NAPLES FLORIDA**

**NAPLES FLORIDA**

4. FEI Number

**65-0215008**

Applied For

Not Applicable

Zip  
**34104**

Country  
**US**

Zip  
**34104**

Country  
**US**

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

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

Name

**ANCHOR ASSOCIATES INC**

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

**4100 CORPORATE SQUARE**

Suite, Apt. #, etc.

**SUITE 105**

City

**NAPLES**

**FL**

Zip Code

**34104**

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

*Shirley Kingston CEO*

**4-18-02**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **AVSD** ☐ Delete  
 NAME **CHARLAND, CLAIRE**  
 STREET ADDRESS **6945 DENNIS CIRCLE I-301**  
 CITY-ST-ZIP **NAPLES FL 34104**

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

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

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

TITLE **D** ☐ Delete  
 NAME **GLAZE, MAX**  
 STREET ADDRESS **7025 DENNIS CIRCLE G-106**  
 CITY-ST-ZIP **NAPLES FL 34104**

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

TITLE **PD** ☐ Delete  
 NAME **MANNING, MARY**  
 STREET ADDRESS **7065 DENNIS CIR F-106**  
 CITY-ST-ZIP **NAPLES FL 34104**

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

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:

*MARY MANNING*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)