

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED

Jun 21, 2000 8:00 am
Secretary of State

05-26-2000 90041 022 ****61.25

DOCUMENT # N47494

1. Entity Name

CHARLOTTE CLASSICS & CRUISERS, INC.

R

Principal Place of Business

Mailing Address

150 SPYGLASS ALLEY
PLACIDA FL 33946

150 SPYGLASS ALLEY
PLACIDA FL 33946-2422
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

65-0342124

Applied For

Not Applicable

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

LEDERER, JOEL O.
2733-B TAMiami TRAIL
PORT CHARLOTTE FL 33952

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 re-registering)

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	DP	<input type="checkbox"/> Delete
NAME	BROOKS, THOMAS	
STREET ADDRESS	150 SPYGLASS ALLEY	
CITY-ST-ZIP	PLACIDA FL 33946	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BROWN, PATRICIA	
STREET ADDRESS	2950 KAABE AVE	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HLADUN, BARBARA	
STREET ADDRESS	3258 MARION ST	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BROOKS, DARLENE	
STREET ADDRESS	150 SPYGLASS ALLEY	
CITY-ST-ZIP	CAPE HAZE FL	
TITLE	CCP	<input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, ROBERT	
STREET ADDRESS	1626 SE 39TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL LAPORTA	
STREET ADDRESS	1066 LABELLE TER	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4-30-00

Date

Daytime Phone #

941 648 1850

CR2E037 (9/99)