

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50083

1. Entity Name

ST. CHARLES HOUSING II, INC.

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90149 036 *****61.25

Principal Place of Business

22250 VICK STREET
PORT CHARLOTTE FL 33980
US

Mailing Address

22250 VICK STREET
PORT CHARLOTTE FL 33980
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 65-0352664

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

JOSEPH DIVITO, ESQ.
DIVITO & HIGHAM, P.A.
4514 CENTRAL AVENUE
ST. PETERSBURG FL 33711

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME STEPHENS, LYNN
STREET ADDRESS 4865 ABADAN ST
CITY-ST-ZIP NORTH PORT FL

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

TITLE D ☐ Delete
NAME SAMSON, ROSEANN K.
STREET ADDRESS 1239 PRICE CIRCLE N.W.
CITY-ST-ZIP PORT CHARLOTTE FL

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

TITLE D ☐ Delete
NAME MCLOUGHLIN, NICHOLAS
STREET ADDRESS 21505 AUGUSTA AVENUE S-4
CITY-ST-ZIP PORT CHARLOTTE FL

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

TITLE D ☐ Delete
NAME SUBASIC, EDITH
STREET ADDRESS 1025 SISTINA ST
CITY-ST-ZIP PORT CHARLOTTE FL 33952

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

TITLE D ☐ Delete
NAME BALA, BRENDA
STREET ADDRESS 18501 MURDOCK CIR, SUITE 303
CITY-ST-ZIP PORT CHARLOTTE FL

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

TITLE D ☐ Delete
NAME HORNER, MICHAEL J.
STREET ADDRESS 222 NESBIT STREET
CITY-ST-ZIP PUNTA GORDA FL

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:

ROSEANN K. SAMSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-2002

941-575-5400

Date

Daytime Phone #

CR2E037 (9/01)