


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90027 025 ***150.00

DOCUMENT # P01000084963	
1. Entity Name SPINNAKER DEVELOPMENT CORPORATION OF CHARLOTTE COUNTY	

Principal Place of Business 145 TYLER AVE ENGLEWOOD FL 34223	Mailing Address 145 TYLER AVE ENGLEWOOD FL 34223
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1145213	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RUTBERG, ALLAN R 145 TYLER AVE ENGLEWOOD FL 34223	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	TITLE P, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME RUTBERG, ALLAN R	
STREET ADDRESS 145 TYLER AVE	STREET ADDRESS	CITY-ST-ZIP ENGLEWOOD FL 34223	
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	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 607, 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:  **1/3/03** **941-473-7029**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)