

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000048906**

1. Entity Name

CHARLOTTE/HW GP, INC.

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90049 035 ***150.00

1429090
AT

Principal Place of Business
1252 TAMiami TRAIL
PORT CHARLOTTE FL 33953
US

Mailing Address
8111 SHELBYVILLE RD
LOUISVILLE KY 40222
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

59-3452120

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNDERWOOD, ROBERT L
537 EAST PARK AVENUE
TALLAHASSEE FL 32301

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PC** Delete
NAME **FARMER, TRACY**
STREET ADDRESS **8665 BAY COLONY DRIVE #1804**
CITY-ST-ZIP **NAPLES FL 34108-6774**

TITLE **S** Delete
NAME **FARMER, DEL**
STREET ADDRESS **8111 SHELBYVILLE ROAD**
CITY-ST-ZIP **LOUISVILLE KY 40222**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **RECORDED REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)