2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P98000097728** Apr 04, 2000 8:00 am Secretary of State 1. Entity Name FIRST CHARTER GROUP, INC. 04-04-2000 90090 022 ***150.00 Principal Place of Business Mailing Address 1902 DEBARRY AVENUE 1902 DEBARRY AVENUE ORANGE PARK FL 32073-4626 **ORANGE PARK FL 32073** 832919 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3544599 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 ☐ Change ☐ Addition TITLE PSTD ☐ Delete TITLE NAME SHEARER, JOHN D STREET ADDRESS STREET ADDRESS 1902 DEBARRY AVENUE CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** Change ☐ Delete TITLE ☐ Addition VD TITLE NAME NAME WEBB, W K STREET ADDRESS STREET ADDRESS 1902 DEBARRY AVENUE CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** Change ■ Addition TITLE TITLE Delete NAME NAME SILVESTRI, GARY A STREET ADDRESS STREET ADDRESS 1902 DEBARRY AVENUE CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** Change ☐ Addition Delete TITLE TITLE NAME NAME MOONEY, WILLIAM S STREET ADDRESS STREET ADDRESS 1902 DEBARRY AVENUE CITY-ST-ZIP CITY-ST-ZIF **ORANGE PARK FL 32073** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 any address with all other like empowered.