

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053845

1. Entity Name

FOP 66, INC.

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90002 029 \*\*\*150.00

Principal Place of Business

23300 HARPER AVENUE  
PORT CHARLOTTE FL 33980

Mailing Address

23300 HARPER AVENUE  
PORT CHARLOTTE FL 33980-2912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0924703

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VOGEL, ROBERT  
23300 HARPER AVENUE  
PORT CHARLOTTE FL 33980

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME Director  
STREET ADDRESS Willard Aitchison  
CITY-ST-ZIP 22343 Montrose Ave.  
Port Charlotte, Fl. 33952

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

TITLE ☒ Delete  
NAME Director / Officer=V  
STREET ADDRESS William Basketfield  
CITY-ST-ZIP 11330 SW Essex Drive  
Lake Suzy, Fl. 34266

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

TITLE ☒ Delete  
NAME Director  
STREET ADDRESS Alton Bell  
CITY-ST-ZIP 1374 Salyens Street  
Port Charlotte, Fl. 33952

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

TITLE ☒ Delete  
NAME Director  
STREET ADDRESS Thomas Crown  
CITY-ST-ZIP 4157 Driver Lane  
Port Charlotte, Fl. 33981

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

TITLE ☒ Delete  
NAME Director / Officer=P  
STREET ADDRESS Robert Vogel  
CITY-ST-ZIP 5101 Almar Drive  
Punta Gorda, Fl. 33950

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

TITLE ☒ Delete  
NAME Officer =S/T  
STREET ADDRESS Margaret Imhof  
CITY-ST-ZIP 644 Blue Lane NW  
Port Charlotte, Fl. 33952

TITLE ☐ Change ☐ Additio  
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:

*Margaret M. Imhof*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00

Date

941-743-6616

Daytime Phone #