

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083205

1. Entity Name

CHARLOTTE GULF COAST LIVING, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90030 035 \*\*\*150.00

Principal Place of Business

20321 TAPPAN ZEE DR.  
PT. CHARLOTTE FL 33952

Mailing Address

20321 TAPPAN ZEE DR.  
PT. CHARLOTTE FL 33952-1132

2. Principal Place of Business

20321 Tappan Zee Drive  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3094  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PT. Charlotte, FL 33952

City & State

PT. Charlotte, FL

4. FEI Number

65-0960350

Applied For

Not Applicable

Zip

33952

Country

USA

Zip

33949

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

OAKS, DAVID K ESQ.  
DAVID K. OAKS P.A.  
252 WEST MARION AVE.  
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name

Julie Smith

Street Address (P.O. Box Number is Not Acceptable)

20321 Tappan Zee Drive

City

PT. Charlotte

FL

Zip Code

33952

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

*Julie Smith*  
Signature, typed or printed name of registered agent and title if applicable.

Julie Smith

(NOTE: Registered Agent signature required when reinstating)

3-25-00

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

TITLE VSTD ☐ Delete  
NAME SMITH, JULIE  
STREET ADDRESS 20321 TAPPAN ZEE DR.  
CITY-ST-ZIP PT. CHARLOTTE FL 33952

TITLE PD ☐ Delete  
NAME SHELGER, CHRISTIANE F  
STREET ADDRESS 604 COLONIAL BAY DR.  
CITY-ST-ZIP NOKOMIS FL 34275

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Julie Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-00

Date

Daytime Phone #

FILED - APR 04 2000