

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S43497

1. Entity Name

CHARLES GORDON ENTERPRISES, INC.

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90049 002 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 1051
TALLEVAST FL 34270

P.O. BOX 1051
TALLEVAST FL 33982-8525

2. Principal Place of Business

3. Mailing Address

565 Ridgecrest DR
Suite, Apt. #, etc.

565 Ridgecrest DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

PUNTA GORDA

PUNTA GORDA

4. FEI Number

65-0256540

Applied To

Not Applicable

Zip

Country

Zip

Country

33982

Charlotte

33982

Charlotte

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

GORDON, CHARLES
4653 DEL SOL BLVD.
SARASOTA FL 34235

Name

Charles H. Gordon

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

565 Ridgecrest DR.

City

PUNTA GORDA

FL

Zip Code

33982

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

Charles H. Gordon

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-2000

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
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GORDON, CHARLES	
STREET ADDRESS	4653 DEL SOL BLVD.	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GORDON, NANCY B	
STREET ADDRESS	4653 DEL SOL BLVD.	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Charles H. Gordon	
STREET ADDRESS	565 Ridgecrest Dr	
CITY-ST-ZIP	Punta Gorda FLA 33982	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Nancy B. Gordon	
STREET ADDRESS	565 Ridgecrest DR.	
CITY-ST-ZIP	PUNTA GORDA, FLA. 33982	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Charles H. Gordon Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-2000 941-305-738