

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50083

1. Entity Name

ST. CHARLES HOUSING II, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90046 041 ****61.25

Principal Place of Business

Mailing Address

22250 VICK STREET
 PORT CHARLOTTE FL 33980
 US

22250 VICK STREET
 PORT CHARLOTTE FL 33980-2010
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0352664

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

JOSEPH DIVITO, ESQ.
DIVITO & HIGHAM, P.A.
4514 CENTRAL AVENUE
ST. PETERSBURG FL 33711

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	STEPHENS, LYNN	
STREET ADDRESS	4865 ABADAN ST	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMSON, ROSEANN K.	
STREET ADDRESS	1239 PRICE CIRCLE N.W.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCLOUGHLIN, NICHOLAS	
STREET ADDRESS	21505 AUGUSTA AVENUE S-4	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUBASIC, EDITH	
STREET ADDRESS	1025 SISTINA ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALA, BRENDA	
STREET ADDRESS	18501 MURDOCK CIR, SUITE 303	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORNER, MICHAEL J.	
STREET ADDRESS	222 NESBIT STREET	
CITY-ST-ZIP	PUNTA GORDA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edith M. Subasic **EDITH M. SUBASIC**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-2-10-2000 625-9707

CR2E037 (9/99)