

DOCUMENT # 242270

1. Entity Name
CHATHAM COURT, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90005 005 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2915 MONROE ST 2915 MONROE ST
HOLLYWOOD FL 33020-4752 HOLLYWOOD FL 33020-4752

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

4. FEI Number **59-1118562** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country Zip Country

6. Name and Address of Current Registered Agent
SKARADA, EVA
2915 MONROE STREET #1
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
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 _____ (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, 2001 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 | V | <input type="checkbox"/> Delete |
| NAME | BAUER, WALTER | |
| STREET ADDRESS | 2915 MONROE STREET | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SKARADA, EVA | |
| STREET ADDRESS | 2915 MONROE STREET #1 | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BAUER, GEORGE | |
| STREET ADDRESS | 2915 MONROE STREET | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | BAUER, CAMILLE | |
| STREET ADDRESS | 2915 MONROE STREET #4 | |
| CITY-ST-ZIP | HOLLYWOOD FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| 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 | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | | |
| 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: *Camille M. Bauer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/01
Date

Daytime Phone #

CR2E034 (10/00)