

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90102 003 ***150.00

DOCUMENT # 587016
 1. Entity Name
CHAPARRAL OF MONTICELLO, INC.

Principal Place of Business ROUTE 2 BOX 120 GREENVILLE FL 32331	Mailing Address ROUTE 2 BOX 120 GREENVILLE FL 32331
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 25 FINCREST Circle	3. Mailing Address 25 FINCREST Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State GREENVILLE, FL	City & State GREENVILLE, FL
Zip 32331	Country JEFFERSON
Zip 32331	Country JEFFERSON

4. FEI Number 59-1892870	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FINLAYSON, JOHN M.
~~ROUTE 2, BOX 120~~
GREENVILLE FL 32331

7. Name and Address of New Registered Agent
 Name **FINLAYSON, JOHN M.**
 Street Address (P.O. Box Number is Not Acceptable)
25 FINCREST Circle
 City **GREENVILLE, FL** Zip Code **32331**

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 *John M. Finlayson*
Signature, typed or printed name of registered agent and title, 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD WESTBROOK, I. E. JR. P.O. BOX 415 N/A MONTICELLO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FINLAYSON, JOHN M RT 2 BOX 120 25 FINCREST Circle GREENVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John M. Finlayson* **4/9/2002** **850/342-3418**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FORM 1100 01

CR2E034 (9/01)