

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 03, 2000 8:00 am
Secretary of State

03-01-2000 90048 013 ****61.25

DOCUMENT # 711372

1. Entity Name

CHANCELLOR HALL ASSOCIATION, INC.

Principal Place of Business 1850 N.E. 169TH STREET N. MIAMI BCH. FL 33162	Mailing Address 1850 N.E. 169TH STREET N. MIAMI BCH. FL 33162-3059
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-1232085	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

WEHNERT, HENRY W
1850 NE 169TH STREET #406
NORTH MIAMI BEACH FL 33162

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEHNERT, H. 1850 NE 169TH ST N MIAMI BEACH, FL 0	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SOLOMON, BEVERLY 1850 NE 169ST N MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KLUCZ, JERRY 1850 NE 169 ST N MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANCIS, HELEN 1850 NE 169TH ST N MIAMI BEACH, FL 0 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHERES, JUNE 1850 NE 169 ST N MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS Beverly Solomon 1850 NE 169th Street Miami, FL 33162-3053	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Title Only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anne Eimicke 1850 NE 169th Street Miami, FL 33162-3053	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Helen Francis 1850 NE 169th St. Miami, FL 33162-3053	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Title Only)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D June Sheres 1850 NE 169th St. N. Miami Beach, FL 33162-3053	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Title Only)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jerry Viola 1850 N.E. 169th Street N. Miami Beach, Florida	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Beverly Solomon
 Treasurer, Secretary, Director

3/23/00

305-947-7387

CR2E037 (9/99)