

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90123 014 ****75.00

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DOCUMENT # F02000000016
 1. Entity Name
THE CHATLOS FOUNDATION, INC.

Principal Place of Business Mailing Address
710 MIAMI SPRINGS DR. **PO BOX 915048**
LONGWOOD FL 32779 **LONGWOOD FL 32791-5048**

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

Zip Country Zip Country

4. FEI Number Applied For
13-6161425 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MORGAN, CHARLES O JR.
1300 NW 167TH ST., SUITE 3
MIAMI FL 33169

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

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	CD	<input type="checkbox"/> Delete
NAME	RANDLE, KATHRYN	
STREET ADDRESS	757 SEA SHORE RD.	
CITY-ST-ZIP	CAPE MAY NJ 08204	
TITLE	PTVC	<input type="checkbox"/> Delete
NAME	CHATLOS, WILLIAM J	
STREET ADDRESS	201 RIVERVIEW DR.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHATLOS, WILLIAM J	
STREET ADDRESS	201 RIVERVIEW DR.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	D'ARATA, JOY	
STREET ADDRESS	345 SWANSEA CT.	
CITY-ST-ZIP	OWIEDO FL 32765	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHATLOS, CAROL J	
STREET ADDRESS	256 CHURCHILL DR.	
CITY-ST-ZIP	LONGWOOD FL 32779-4619	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROACH, MICHELE	
STREET ADDRESS	180 VILLA DI ESTE TERRACE, #112	
CITY-ST-ZIP	LAKE MARY FL 32746	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CDVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PVCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANDON, CINDIE	
STREET ADDRESS	10695 WREN RIDGE ROAD	
CITY-ST-ZIP	ALPHARETTA, GA 30022	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGAN, CHARLES O. JR.	
STREET ADDRESS	1300 NW 167TH ST., SUITE 3	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	DSAT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVTAS	<input checked="" 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: *William J Chatlos* **WILLIAM J CHATLOS** 02/20/02 407-862-5077
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)