

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013712

1. Entity Name
CHAPEL PINES, L.L.C.

FILED

01 MAY 18 PM 2:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1208 SOUTH MYRTLE AVENUE
CLEARWATER FL 33756

Mailing Address
1208 SOUTH MYRTLE AVENUE
CLEARWATER FL 33756

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

59-3682521

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, DONNA J
2650 MCCORMICK DRIVE, SUITE 100
ZIMMET, UNICE, SALZMAN & FELDMAN
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name Robert W. Byrd
Street Address (P.O. Box Number is Not Acceptable) 1208 S. Myrtle Avenue
City Clearwater FL 33756

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 *Robert W. Byrd*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/23/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME BYRD, ROBERT W
STREET ADDRESS 1208 SOUTH MYRTLE AVENUE
CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

TITLE MGRM
NAME RYAN, JOHN M
STREET ADDRESS 1208 SOUTH MYRTLE AVENUE
CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500004416585-5
-06/12/01--01031--009
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Robert W. Byrd
SIGNATURE REQUIRED

4/23/01

727-461-0859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

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