

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90134 024 ***150.00

| | |
|--|---|
| DOCUMENT # L89540 | |
| 1. Entity Name CHASE & COMPANY | |
| Principal Place of Business 2850 CLOVERBROOK PLACE LAKE MARY FL 32746 US | Mailing Address 2850 CLOVERBROOK PLACE LAKE MARY FL 32777-0458 US |



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 7684 Lake Odessa Drive Suite, Apt. #, etc. | 3. Mailing Address P.O. Box 458 Suite, Apt. #, etc. |
| City & State Mount Dora, FL | City & State Tangerine |
| Zip 32757 | Country US |

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|---|--|
| 4. FEI Number 59-3018780 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
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| 6. Name and Address of Current Registered Agent AKINS, DAVID J. SUNBANK CENTER 200 S ORANGE AVE., STE. 3000 ORLANDO FL 32801 | |
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| 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)

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back) | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|---|---------------------------------|---|--|---|
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHASE, SYDNEY O., III | | NAME | | |
| STREET ADDRESS | 816 BRIGHTVIEW DR. P.O. Box 458 | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE MARY FL Tangerine, FL | | CITY-ST-ZIP | | |
| TITLE | DVP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHASE, ROLAND S. | | NAME | | |
| STREET ADDRESS | 816 BRIGHTVIEW DR. 18 Canterbury Road | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE MARY FL Charlottesville, VA 22905 | | CITY-ST-ZIP | | |
| TITLE | DVP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHASE, TORSTEN F | | NAME | | |
| STREET ADDRESS | 816 BRIGHTVIEW DR. 3407 Tulane Drive | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE MARY FL Hyattsville, MD 20783 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 information.

SIGNATURE: *Sydney Chase III* **16 March 2000** **352-385 4446**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)