

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90006 033 ****61.25

DOCUMENT # N13799

1. Entity Name

THE CHAPEL AT SAWGRASS, INC.

Principal Place of Business

SAWGRASS C C
 PONTE VEDRA BEACH FL 32004
 US

Mailing Address

P.O. BOX 664
 PONTE VEDRA BEACH FL 32004-0664
 US

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 **59-2719600**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, BILL
16 LAKE JULIA DR., SO.
PONTE VEDRA BCH. FL 32082

Name **Lewis, Bill**
 Street Address (P.O. Box Number is Not Acceptable)
4600 Middleton Park Cir
Apt D 646
 City **Jacksonville, FL** Zip Code **32224**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D**
DOLAGHAN, JOHN
 STREET ADDRESS **2020 OAK HAMMOCK DRIVE**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE Change Addition

TITLE Delete
 NAME **D**
LEWIS, BILL
 STREET ADDRESS **16 LAKE JULIA DRIVE**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE Change Addition

TITLE Delete
 NAME **D**
BOUZEOS, DEAN
 STREET ADDRESS **254 CHARLEMAGNE CR**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change 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:

Dean Bouzeos
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00

Date

904-273-9541

Daytime Phone #

CR2E037 (9/99)