

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003822

1. Entity Name

THE SOUTH CHIEFLAND DEVELOPMENT CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

02-14-2000 90047 017 ****61.25

Principal Place of Business Mailing Address
MT. PLEASANT FELLOWSHIP HALL POST OFFICE BOX 277
310 S.W. 5TH STREET CHIEFLAND FL 32644-0277
CHIEFLAND FL 32644-0277

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, ROBERT L
923 N.E. 11TH DRIVE
CHIEFLAND FL 32626

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

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	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	NELSON, CARETHA B	
STREET ADDRESS	POST OFFICE BOX 277 N/A	
CITY-ST-ZIP	CHIEFLAND FL 32644	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	ENGLISH, BERNICE	
STREET ADDRESS	2250 N.W. HIGHWAY 27A	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUIE, BEVERLY	
STREET ADDRESS	POST OFFICE BOX 1966	
CITY-ST-ZIP	CHIEFLAND FL 32644	
TITLE	ASST TREASURER	<input type="checkbox"/> Delete
NAME	ENGLISH, ARTHUR	
STREET ADDRESS	2250 N.W. HIGHWAY 27A	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, JEAN	
STREET ADDRESS	POST OFFICE BOX 2321	
CITY-ST-ZIP	CHIEFLAND FL 32644	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONYEL, ALICE	
STREET ADDRESS	POST OFFICE BOX 1220	
CITY-ST-ZIP	CHIEFLAND FL 32644	

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDDIE JEAN WILLIAMS	
STREET ADDRESS	P.O. Box 123	
CITY-ST-ZIP	Chiefland, FL 32644-0123	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT L WILLIAMS	
STREET ADDRESS	923 NE 11TH DR.	
CITY-ST-ZIP	Chiefland FL 32626	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input 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: *Robert L Williams* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00

Date

352-4866420 x22

Daytime Phone #

CR2E037 (9/99)