

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000077468

1. Entity Name

CHIMAYO, INC.

Principal Place of Business

Mailing Address

4405 4TH STREET  
VERO BEACH FL 32968  
US

PO BOX 1720  
VERO BEACH FL 32961-1720  
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 65-0453295

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

RUSSELL, HUGH L. II  
4405 4TH ST.  
P.O. BOX 1720  
VERO BCH. FL 32968

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(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. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS  
NAME RUSSELL, HUGH II.  
STREET ADDRESS 4405 4TH STREET  
CITY-ST-ZIP VERO BEACH FL ☐ Delete

TITLE DV  
NAME RUSSELL, JEFFREY CLAY  
STREET ADDRESS 1925 PORT PROVINCE PLACE  
CITY-ST-ZIP NEW PORT BEACH FL ☐ Delete

TITLE DV  
NAME RUSSELL-GRIFFIN, BRETTON  
STREET ADDRESS 27 ENSIS  
CITY-ST-ZIP HILTON HEAD ISLAND FL ☐ Delete

TITLE DT  
NAME RUSSELL, VIRGINIA TARLE  
STREET ADDRESS 4444 WESTHEIMER ROAD #244  
CITY-ST-ZIP HOUSTON TX ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addit

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90034 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE