

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000070031

FILED  
Jan 07, 2003  
Secretary of State

Entity Name: CHASE I, INC.

## Current Principal Place of Business:

7300 N KENDALL DR  
MIAMI, FL 33156 US

## New Principal Place of Business:

## Current Mailing Address:

401 NORTH TRYON ST.  
NC1-021-02-20  
CHARLOTTE, NC 28255 US

## New Mailing Address:

FEI Number: 65-0553784      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLFSON, MERYL  
7300 N KENDALL DRIVE  
MIAMI, FL 33156 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## Election Campaign Financing Trust Fund Contribution ( )

### OFFICERS AND DIRECTORS:

Title: SVP ( ) Delete  
Name: MROZ, GREG S  
Address: 401 N. TRYON ST NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: S ( ) Delete  
Name: LUCAS, MARY A  
Address: 401 N. TRYON ST NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: DT ( ) Delete  
Name: WILLIAMS, GARY S  
Address: 401 N. TRYON ST NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MROZ, GREG S  
Address: 401 N. TRYON ST NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, GARY S  
Address: 401 N. TRYON ST NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

Title: T ( ) Change (X) Addition  
Name: RHOADS, LYNN L  
Address: 401 N TRYON ST NC1-021-02-20  
City-St-Zip: CHARLOTTE, NC 28255

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG S MROZ

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

P

01/07/2003

\_\_\_\_\_ Date