

2001 UNIFORM BUSINESS REPORT (UBR)

0616065

DOCUMENT # P95000056754



APPROVED
AND
FILED

01 JUN 14 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

1. Entity Name

CHAPEL DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

6000 GENTLE BEN CIRCLE
WESLEY CHAPEL FL 33544

6000 GENTLE BEN CIRCLE
WESLEY CHAPEL FL 33544

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MEYER-WEBB, CINDY
6000 GENTLE BEN CIRCLE
WESLEY CHAPEL FL 33544

Name

Street Address (P.O. Box Number is Not Acceptable)

000004430400--4

-06/13/01--01092--003

City

****558.75L ***998.75

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> D MEYER, CINDY 3743 SANDALWOOD DR LAND O' LAKES FL 34639	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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RECEIVED
2001 JUN 14 AM 8:38
FLORIDA HOUSING
FINANCE CORPORATION

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 empowered.

SIGNATURE: CINDY MEYER

6/13/01 (813)
973-1318

CR2E034 (10/00)