

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038075

1. Entity Name :

CHIPPER PROPERTIES INCORPORATED

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

03-01-2000 90086 040 ***150.00

Principal Place of Business

835 SO. OSPREY AVENUE. #105
SUITE 212
SARASOTA FL 34236
US

Mailing Address

835 SO. OSPREY AVENUE. #105
SUITE 212
SARASOTA FL 34236-7837
US

2. Principal Place of Business

835 SO. OSPREY AVE.

3. Mailing Address

835 SO. OSPREY AVE.

Suite, Apt. #, etc.

212

Suite, Apt. #, etc.

212

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34236

Country

USA

Zip

34236

Country

USA

4. FEI Number

65-0764238

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

SHEA, JOHN
630 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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	D	<input type="checkbox"/> Delete
NAME	BRYANS, ROSS A	
STREET ADDRESS	835 SO. OSPREY AVENUE, #212	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	EARNHARDT, MARK	
STREET ADDRESS	835 SO. OSPREY AVENUE, #303	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	EARNHARDT, JANET	
STREET ADDRESS	835 SO. OSPREY AVENUE, #303	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARNHARDT, MARK	
STREET ADDRESS	14308 Spyglass Ridge Drive	
CITY-ST-ZIP	Chesterfield, MO 63017	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARNHARDT, JANET	
STREET ADDRESS	14308 Spyglass Ridge Drive	
CITY-ST-ZIP	Chesterfield, MO 63017	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)