

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0009339
AF

DOCUMENT # L99000006956

1. Entity Name
CHANCELLORY BUSINESS PARK, LLC

00 APR 19 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1801 HERMITAGE BOULEVARD, SUITE 600
TALLAHASSEE FL 32308

Mailing Address
1801 HERMITAGE BOULEVARD, SUITE 600
TALLAHASSEE FL 32308-7707



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MM

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3606993

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TODD, DAVID E
1801 HERMITAGE BOULEVARD, SUITE 100
TALLAHASSEE FL 32308

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME THE STATE BOARD
STREET ADDRESS 1801 HERMITAGE BOULEVARD, SUITE 600
CITY-ST-ZIP TALLAHASSEE FL 32308 ☒ Delete

TITLE Mgr.
NAME The State Board of Administration
STREET ADDRESS 1801 Hermitage Blvd., Suite 600
CITY-ST-ZIP Tallahassee, FL 32308 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Florida State Board of Administration By:
Douglas W. Bennett, Chief Investment Officer, Real Estate

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

850/488-4406

CR2E083 (9/99)