

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90083 030 \*\*\*150.00

**DOCUMENT # 146800**

1. Entity Name

CHATHAM REALTY CORPORATION

**DO NOT WRITE IN THIS SPACE**

B0053570

2. Principal Place of Business

8853 San Jose Blvd.

3. Mailing Address

8853 San Jose Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL 32217

City & State

Jacksonville, FL 32217

4. FEI Number

59-0550679

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

EDWIN PRESSER

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

8853 San Jose Boulevard

City

Jacksonville

FL

Zip Code

32217

**DO NOT WRITE  
IN THIS SPACE**

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

*Edwin Presser* Edwin Presser

3/15/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE DPT  
NAME COHEN, STANLEY W.  
STREET ADDRESS 2686 SPREADING OAKS LANE  
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVS  
NAME PRESSER, ANNE C.  
STREET ADDRESS 2467 CASTELLON DR. N.  
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Anne C. Presser* Secretary  
Anne C Presser

Date

3/15/02

Daytime Phone #

904-730-3441

CR2E034B (12/01)