

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 160673

1. Entity Name

CHASTAIN-SKILLMAN, INC.

Principal Place of Business

Mailing Address

4705 OLD HWY. 37
P.O. BOX 5710
LAKELAND FL 33807-5710

4705 OLD HWY. 37
P.O. BOX 5710
LAKELAND FL 33807-5710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CHASTAIN, JAMES R JR.
1026 E. HIGHLAND DRIVE
LAKELAND FL 33813

4. FEI Number

59-0619876

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CHASTAIN, JAMES R JR	
STREET ADDRESS	1026 E HIGHLAND DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	CAMPBELL, KENNETH R	
STREET ADDRESS	P.O. BOX 2482 N/A	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHULER, ROBERT P	
STREET ADDRESS	140 E CIRCLE ST	
CITY-ST-ZIP	AVON PARK FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DODDS, KEITH S	
STREET ADDRESS	3142 E. HENDERSON CIRCLE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUNNICUTT, SUZANNE S	
STREET ADDRESS	1825 OLEANDER DRIVE	
CITY-ST-ZIP	AVON PARK FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VARNEY, TIMOTHY C.	
STREET ADDRESS	1802 SANDY KNOLL CIR. N.	
CITY-ST-ZIP	LAKELAND FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Lassi, Greg J.	
STREET ADDRESS	2033 High Vista Dr.	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	CHASTAIN, JAMES R JR	
STREET ADDRESS	1026 E HIGHLAND DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90010 030 ***158.75

A0904171



DO NOT WRITE IN THIS SPACE

1/4/2000