

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90086 031 \*\*\*150.00

0699153 AT

**DOCUMENT # 279021**  
**1. Entity Name**  
**THE CHES INVESTMENT CORPORATION**

**Principal Place of Business** **Mailing Address**  
**2480 TEMPLE DRIVE** **PO BOX 3115**  
**WINTER PARK FL 32789-1342** **PLACIDA FL 33946-3115**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> 59-1060517		<b>Applied For</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<b>Not Applicable</b>	
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>				

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>HOCK, DONALD C</b> <b>2480 TEMPLE DR</b> <b>WINTER PARK FL 32789</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

**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** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</b> <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HOCK, DONALD C</b>	NAME			
STREET ADDRESS	<b>2480 TEMPLE DRIVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>WINTER PARK FL 32789-1342</b>	CITY-ST-ZIP			
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>STEWART, JOHN N</b>	NAME			
STREET ADDRESS	<b>1720 OVERLAKE DR.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	CITY-ST-ZIP			
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HOCK, GLORIA B</b>	NAME			
STREET ADDRESS	<b>2480 TEMPLE DRIVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>WINTER PARK FL 32789-1342</b>	CITY-ST-ZIP			
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>STEWART, PARTICIA</b>	NAME			
STREET ADDRESS	<b>1720 OVERLAKE AVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	CITY-ST-ZIP			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ELLER, MILLARD H</b>	NAME	<b>ELLER, MILLARD H.</b>		
STREET ADDRESS	<b>260 CANDLE STREET</b>	STREET ADDRESS	<b>679 POPLAR TRAIL</b>		
CITY-ST-ZIP	<b>WEST JEFFERSON NC 28694</b>	CITY-ST-ZIP	<b>CROSTON, NC 28615</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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:** ASIGNATURE REQUIRED **O. Hock** **1-10-02** **941-697-3752**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)