

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 428900

1. Entity Name

CHASE ENTERPRISES, INC.

FILED

Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90054 009 ***150.00

Principal Place of Business

Mailing Address

400 2ND AVE NE
32
ST PETERSBURG FL 33701
US

400 2ND AVE NE
32
ST PETERSBURG FL 33701-3507
US

C0053592



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1471359

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CARL, RONGO
400 2ND AVE NE
32
ST PETERSBURG FL 33701

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	P	<input checked="" type="checkbox"/> Delete
NAME	RONGO, CARL V	
STREET ADDRESS	10925 SW 107 AVE.	
CITY-ST-ZIP	MIAMI FL 33176-3444	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	RONGO, CYNDI	
STREET ADDRESS	10925 SW 107TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NIGG, CATHERINE	
STREET ADDRESS	205 BLISS DR.	
CITY-ST-ZIP	URBANA IL 61801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERSON, CARALYN	
STREET ADDRESS	4208 FROST CT	
CITY-ST-ZIP	RALEIGH NC	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAYTON, CARI	
STREET ADDRESS	6371 PINESTAD DR 1317	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RATLIFF, CANDY	
STREET ADDRESS	2720 7TH ST. SW	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONGO, CARL V	
STREET ADDRESS	12117 WALLINGTON RD	
CITY-ST-ZIP	HUNTERSVILLE NC 28078	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONGO, CINDI	
STREET ADDRESS	405 MAYFAIR DR	
CITY-ST-ZIP	VENUS FL 34293	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIGG, CATHERINE	
STREET ADDRESS	216 MIDLAND PR.	
CITY-ST-ZIP	GRANITEVILLE SC 29829	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERSON, CARALYN	
STREET ADDRESS	4004 BRISTLEWOOD DR	
CITY-ST-ZIP	DURHAM NC 27703	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAYTON, CARI	
STREET ADDRESS	1313 SE 29TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATLIFF, CANDY	
STREET ADDRESS	5660 BUCKINGHAM RD	
CITY-ST-ZIP	FT MYERS FL 33905	

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:

Cyndi Rongo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)