

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90102 003 ***150.00

DOCUMENT # 587016

1. Entity Name
CHAPARRAL OF MONTICELLO, INC.

Principal Place of Business

**ROUTE 2 BOX 120
 GREENVILLE FL 32331**

Mailing Address

**ROUTE 2 BOX 120
 GREENVILLE FL 32331**

2. Principal Place of Business

25 FINCREST Circle

Suite, Apt. #, etc.

3. Mailing Address

25 FINCREST Circle

Suite, Apt. #, etc.

City & State
GREENVILLE, FL

City & State
GREENVILLE, FL

Zip
32331

Country
Jefferson

Zip
32331

Country
Jefferson

4. FEI Number

59-1892870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FINLAYSON, JOHN M.
~~ROUTE 2, BOX 120~~
 GREENVILLE FL 32331**

7. Name and Address of New Registered Agent

Name **FINLAYSON, JOHN M.**
 Street Address (P.O. Box Number is Not Acceptable)
25 FINCREST Circle

City **GREENVILLE, FL** Zip Code **32331**

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

John M. Finlayson

Signature, typed or printed name of registered agent and title, 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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	WESTBROOK, I. E. JR.	
STREET ADDRESS	P.O. BOX 415 N/A	
CITY-ST-ZIP	MONTICELLO FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FINLAYSON, JOHN M	
STREET ADDRESS	RT 2 BOX 120 25 FINCREST Circle	
CITY-ST-ZIP	GREENVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

John M. Finlayson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2002

Date

850/342-3418

Daytime Phone #

CR2E034 (9/01)