

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/25/

FILED

Apr 18, 2000 8:00 am  
Secretary of State

01-25-2000 90107 007 \*\*\*150.00

DOCUMENT # 627804

1. Entity Name

CHATRAV, INC.

Principal Place of Business

Mailing Address

2607 S. FIRST ST.  
LAKE CITY FL 32025  
US

2607 S. FIRST ST.  
LAKE CITY FL 32025-6901  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1943925

Applied For  
Not Applied For

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

REHBERG, CHARLES H  
2607 S. FIRST ST.  
LAKE CITY FL 32025

Name Jeanne H. Rehberg

Street Address (P.O. Box Number is Not Acceptable)  
2607 South First Street

City Lake City, FL 32025 FL Zip Code 32025

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

*Jeanne H. Rehberg*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-24-00

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 \$5.00 May Be Added to Fees  
Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS

|                |                     |                                            |
|----------------|---------------------|--------------------------------------------|
| TITLE          | PD                  | <input checked="" type="checkbox"/> Delete |
| NAME           | REHBERG, CHARLES H  |                                            |
| STREET ADDRESS | 2607 S. FIRST ST.   |                                            |
| CITY-ST-ZIP    | LAKE CITY, FL 00000 |                                            |
| TITLE          | VD                  | <input type="checkbox"/> Delete            |
| NAME           | REHBERG, J. CHARIS  |                                            |
| STREET ADDRESS | RT. 17, BOX 416 N/A |                                            |
| CITY-ST-ZIP    | LAKE CITY, FL 00000 |                                            |
| TITLE          | SD                  | <input type="checkbox"/> Delete            |
| NAME           | BRADY, KATHY R      |                                            |
| STREET ADDRESS | 2607 S. FIRST ST.   |                                            |
| CITY-ST-ZIP    | LAKE CITY, FL 00000 |                                            |
| TITLE          | TD                  | <input type="checkbox"/> Delete            |
| NAME           | REHBERG, JEANNE H   |                                            |
| STREET ADDRESS | 2607 S. FIRST ST.   |                                            |
| CITY-ST-ZIP    | LAKE CITY, FL 00000 |                                            |
| TITLE          | D                   | <input type="checkbox"/> Delete            |
| NAME           | REHBERG, TRAVIS B.  |                                            |
| STREET ADDRESS | 130 PALMER DR.      |                                            |
| CITY-ST-ZIP    | FT. COLLINS CO      |                                            |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |                                            |
| STREET ADDRESS |                     |                                            |
| CITY-ST-ZIP    |                     |                                            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          | PS                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Rehberg, Jeanne H.      |                                                                              |
| STREET ADDRESS | 2607 South First Street |                                                                              |
| CITY-ST-ZIP    | Lake City, FL 32025     |                                                                              |
| TITLE          | VPD                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Brady, Kathy R.         |                                                                              |
| STREET ADDRESS | 2607 South first Street |                                                                              |
| CITY-ST-ZIP    | Lake City, FL 32025     |                                                                              |
| TITLE          | TD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Rehberg, J. Charis      |                                                                              |
| STREET ADDRESS | Rt. 17, Box 416         |                                                                              |
| CITY-ST-ZIP    | Lake City, FL 32055     |                                                                              |
| TITLE          | D                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Rehberg, Travis B.      |                                                                              |
| STREET ADDRESS | 2607 South First Street |                                                                              |
| CITY-ST-ZIP    | Lake City, FL 32025     |                                                                              |
| 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:

*Jeanne H. Rehberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00

Date

(904) 752-7752

Daytime Phone #