

2000 UNIFORM BUSINESS REPORT (UBR)

2

DOCUMENT # 675158

1. Entity Name

CHAPMAN OF LAKEPORT, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

02-16-2000 90021 036 ***150.00

Principal Place of Business

Mailing Address

88 MAIN ST
 LABELLE FL 33935
 US

P.O. BOX 1797
 LABELLE FL 33471-8836
 US

2. Principal Place of Business

765 E. STATE ROAD 78

Suite, Apt. #, etc.

3. Mailing Address

765 E STATE ROAD 78

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MOORE HAVEN, FL

City & State

MOORE HAVEN, FL

4. FBI Number

59-2011698

Applied For

Not Applicable

Zip

33471

Country

USA

Zip

33471

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REINBOTT, CHARLES R III
 800 NORRIS RD
 ALVA FL 33920

7. Name and Address of New Registered Agent

Name DAVID A. CHOPMAN

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

765 E. STATE ROAD 78

City

MOORE HAVEN,

FL

Zip Code

33471

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 VD ☐ Delete
 NAME CHAPMAN, DAVID A
 STREET ADDRESS 88 MAIN ST
 CITY-ST-ZIP LABELLE FL 33935

TITLE PD ☒ Delete
 NAME REINBOTT, CHARLES R III
 STREET ADDRESS 800 NORRIS RD
 CITY-ST-ZIP ALVA FL 33920

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES / DIR ☒ Change ☐ Addition
 NAME CHAPMAN, DAVID A
 STREET ADDRESS 765 E STATE ROAD 78
 CITY-ST-ZIP MOORE HAVEN, FL 33471

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 30 00

Date

Daytime Phone #

CFR2034 (9/99)