

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 695854

1. Entity Name

CHAMBLISS TRUST AND COMPANY

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90044 046 \*\*\*150.00

Principal Place of Business

10701 BISCAYNE BLVD  
N MIAMI FL 33161

Mailing Address

10701 BISCAYNE BLVD  
N MIAMI FL 33161-7455

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

30 NW 128TH AVE.

Suite, Apt. #, etc.

PLANTATION, FL.

City & State

Zip

33325

Country

BROWARD

4. FEI Number

59-2111029

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

CHAMBLISS, BENTON  
30 N.W. 128TH AVE.  
PLANTATION FL 33325

7. Name and Address of New Registered Agent

Name

CHAMBLISS, BENTON W.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHAMBLISS, BENTON	
STREET ADDRESS	30 N.W. 128TH AVE.	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHAMBLISS, JOE A.	
STREET ADDRESS	201 NW 127TH AVE	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CHAMBLISS, BRENDA W.	
STREET ADDRESS	30 N.W. 128TH AVE.	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, JOHN A	
STREET ADDRESS	70 N W 129 AVENUE	
CITY-ST-ZIP	PLANTATION FL 33325	
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	CHAMBLISS, BENTON W.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
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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:

*Benton W. Chambliss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-00 954-473-113