

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711048

1. Entity Name

CHIEFLAND ACTIVITIES, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90101 033 ****61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 1515
CHIEFLND FL 32644
US

POST OFFICE BOX 1515
CHIEFLAND FL 32644-1515
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2513170

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

LUNSFORD, BARBARA
107 RODGERS BLVD.
CHIEFLND FL 32626

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

1-18-2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	LUNSFORD, BARBARA	
STREET ADDRESS	4651 N.W. 60 AVE.	
CITY-ST-ZIP	CHIEFLND FL 32626	
TITLE	S	<input type="checkbox"/> Delete
NAME	ASBELL, CONNIE	
STREET ADDRESS	11751 NW 78 TERR	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROGERS, CARMEN	
STREET ADDRESS	6020 NW 14 ST	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASON, SAMMY	
STREET ADDRESS	203 NE ST	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, DOTTIE	
STREET ADDRESS	1120 DANA DR	
CITY-ST-ZIP	CHIEFLND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, CHUCK	
STREET ADDRESS	120 E. RODGERS BLVD	
CITY-ST-ZIP	CHIEFLND FL 32626	

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
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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	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

1-18-2000

CR2E037 (9/99)