

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90081 014 ****61.25

0021160

DOCUMENT # 711048

1. Entity Name

CHIEFLAND ACTIVITIES, INC.

Principal Place of Business

POST OFFICE BOX 1515
 CHIEFLAND FL 32644
 US

Mailing Address

POST OFFICE BOX 1515
 CHIEFLAND FL 32644
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2513170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LUNSFORD, BARBARA
 107 RODGERS BLVD.
 CHIEFLAND FL 32626**

7. Name and Address of New Registered Agent

Name

Barbara Lunsford

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

4651 N W 60 Ave

City

Chiefland, Fla 32626

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 Barbara Lunsford

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-2001

**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

TITLE **P** ☐ Delete
 NAME **LUNSFORD, BARBARA**
 STREET ADDRESS **4651 N.W. 60 AVE.**
 CITY-ST-ZIP **CHIEFLAND FL 32626**

TITLE **S** ☒ Delete
 NAME **ASBELL, CONNIE**
 STREET ADDRESS **11751 NW 78 TERR**
 CITY-ST-ZIP **CHIEFLAND FL**

TITLE **T** ☐ Delete
 NAME **ROGERS, CARMEN**
 STREET ADDRESS **6020 NW 14 ST**
 CITY-ST-ZIP **CHIEFLAND FL**

TITLE **D** ☐ Delete
 NAME **CASON, SAMMY**
 STREET ADDRESS **203 NE ST**
 CITY-ST-ZIP **CHIEFLAND FL**

TITLE **D** ☐ Delete
 NAME **PHILLIPS, DOTTIE**
 STREET ADDRESS **1120 DANA DR**
 CITY-ST-ZIP **CHIEFLAND FL**

TITLE **D** ☒ Delete
 NAME **EDWARDS, CHUCK**
 STREET ADDRESS **120 E. RODGERS BLVD**
 CITY-ST-ZIP **CHIEFLAND FL 32626**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
 NAME **Secretary**
 STREET ADDRESS **Avis Asbell**
 CITY-ST-ZIP **7851 NW 70 St
 Chiefland, Fla 32626**

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

TITLE ☒ Change ☐ Addition
 NAME **Director**
 STREET ADDRESS **Sammy Cason**
 CITY-ST-ZIP **203 N E 3 St
 Chiefland 32626**

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

TITLE ☐ Change ☐ Addition
 NAME **Director**
 STREET ADDRESS **Elsie Odom**
 CITY-ST-ZIP **9023 N W 128 Court
 Chiefland 32626**

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-2001

Date

352-493-2330

Daytime Phone #

CR2E037 (10/00)