

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711048

1. Entity Name

CHIEFLAND ACTIVITIES, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 1515
CHIEFLAND FL 32644
US

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

7. Name and Address of New Registered Agent

LUNS福德, BARBARA
4651 NW 60TH AVE
CHIEFLAND 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

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 ☐ Delete
NAME LUNS福德, BARBARA
STREET ADDRESS 4651 N.W. 60 AVE.
CITY-ST-ZIP CHIEFLAND FL 32626

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

TITLE S ☐ Delete
NAME ASBELL, AVIS
STREET ADDRESS 7851 NW 70TH STREET
CITY-ST-ZIP CHIEFLAND FL 32626

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

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

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

TITLE D ☐ Delete
NAME CASON, SAMMY
STREET ADDRESS 203 NE ST
CITY-ST-ZIP CHIEFLAND FL 32626

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

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

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

TITLE D ☐ Delete
NAME ODOM, ELSIE
STREET ADDRESS 9023 NW 128TH COURT
CITY-ST-ZIP CHIEFLAND FL 32626

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90028 027 ****61.25

402875



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)