

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001667**

1. Entity Name

**CHAZ EQUITIES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 PM 12:06

Principal Place of Business <b>101 SEABREEZE BLVD., SUITE 105 DAYTONA BEACH FL 32118</b>	Mailing Address <b>PO BOX 4235 ORMOND BEACH FL 32175-4235</b>
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DO NOT WRITE IN THIS SPACE

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 **59-3378294**      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

**HOOD, CHARLES D JR.  
444 SEABREEZE BLVD., SUITE 900  
DAYTONA BEACH FL 32118**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$300,000.00**      10. Amount of Capital Contributions in FLORIDA to date.      11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P96000069729**  
NAME **CHAZ COLONY, INC.**  
STREET ADDRESS **101 SEABREEZE BLVD., SUITE 105**  
CITY - ST - ZIP **DAYTONA BEACH FL 32118**

STREET ADDRESS  
CITY - ST - ZIP

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**700003268637--3**  
**05/26/00-01079-014**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]*      Date **4/25/00**      Daytime Phone # **672 9080**

CR2E003 (9/99)