

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

APPROVED

UNITED STATES OF AMERICA

DOCUMENT # A97000000555

1. Entity Name

CHANCEY ENTERPRISES, LTD.

00 APR -3 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7-1117

Principal Place of Business

8604 OLD ORANGE PARK ROAD  
ORANGE PARK FL 32073

Mailing Address

8604 OLD ORANGE PARK ROAD  
ORANGE PARK FL 32073-2166



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2985446

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHANCEY, LEWIS L  
8604 OLD ORANGE PARK ROAD  
ORANGE PARK FL 32073

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

9. Capital Contributions  
as Shown on record.

\$1,000,000.00

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 # L38759  
NAME AREA COMMUNICATIONS COMPANY  
STREET ADDRESS 3649 HIGHWAY 17, SUITE 6  
CITY - ST - ZIP ORANGE PARK FL 32067

STREET ADDRESS

CITY - ST - ZIP

200003215612-5  
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #