

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F75940

1. Entity Name

THE ISLANDER MANAGEMENT SERVICES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90148 044 ***150.00

Principal Place of Business

Mailing Address

% JEROME H. LACHAPELLE
 502 GULF SHORE DR
 DESTIN FL 32541

% JEROME H. LACHAPELLE
 502 GULF SHORE DR
 DESTIN FL 32541-3083

2. Principal Place of Business

3. Mailing Address

c/o TERRY REMOL
 Suite, Apt. # etc
 502 GULF SHORE DR

c/o TERRY REMOL
 Suite, Apt. # etc
 502 GULF SHORE DR

City & State
 DESTIN FL

City & State
 DESTIN FL

Zip
 32541

Country
 OKALOOSA

Zip
 32541

Country
 OKALOOSA

4. FEI Number 59-2233764

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

LACHAPELLE, JEROME H
 502 GULF SHORE DR
 DESTIN FL

Name TERRY REMOL
 Street Address (P.O. Box Number is Not Acceptable)
 502 GULF SHORE DR.
 City DESTIN FL Zip Code 32541

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 TERRY REMOL / Terry Remol 4/26/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LACHAPELLE, JEROME H	
STREET ADDRESS	514 GULF SHORE DR	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LACHAPELLE, SALLY	
STREET ADDRESS	514 GULF SHORE DRIVE	
CITY-ST-ZIP	DESTIN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lachapelle, Robert J.	
STREET ADDRESS	3037 OAKTREE LANDING	
CITY-ST-ZIP	MARIETTA GA 30066	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST- TERRY REMOL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY REMOL	
STREET ADDRESS	630 SANDALWOOD	
CITY-ST-ZIP	DESTIN, FL 32541	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Robert J. Lachapelle Robert J. Lachapelle April 26, 2000 770 730 3670
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)