

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005919

1. Entity Name

BIG CHIEF ENTERPRISES, INC.

FILED

May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90122 007 \*\*\*150.00

Principal Place of Business

Mailing Address

13300-56 SOUTH CLEVELAND AVE.  
STE. 655  
FT. MYERS FL 33907

13300-56 SOUTH CLEVELAND AVE.  
STE. 655  
FT. MYERS FL 33907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

37-0794687

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WOODSOME, WILLIAM J  
13300-56 S CLEVELAND AVE  
FT MYERS FL 33907

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. 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 CPD  
NAME WOODROME, WILLIAM J  
STREET ADDRESS 13300-56 SOUTH CLEVELAND AVE.  
CITY-ST-ZIP FT. MYERS FL 33907

☐ Delete

TITLE CSD  
NAME MCMANUS, JIM  
STREET ADDRESS 19 DEOPRADO BLVD. #4  
CITY-ST-ZIP CAPE CORAL FL 33909

☐ Delete

TITLE VPTS  
NAME WOODROME, KATHRYN  
STREET ADDRESS 13300-56 S CLEVELAND AVE  
CITY-ST-ZIP FORT MYERS FL 33907

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 1109 Del Prado Blvd. #15  
CITY-ST-ZIP Cape Coral, FL 33990

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

4-20-00