

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F 98000006583

1. Entity Name

Chamber Health Care Society, Inc.

Principal Place of Business

Mailing Address

FILED

00 JUL 13 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2. Principal Place of Business

10800 Alpharetta Highway

3. Mailing Address

700 Old Roswell Lakes Parkway

Suite, Apt. #, etc.

Suite 208, PMB 717

Suite, Apt. #, etc.

Suite 300

City & State

Roswell GA

City & State

Roswell, GA

Zip

30076

Country

USA

Zip

30076

Country

USA

4. FEI Number

39-6068630

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CT Corporation System  
1200 South Pine Island Rd  
Plantation, Florida 33324

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

<p><input type="checkbox"/> Delete</p> <p>P/D Edward E. Lane 10800 Alpharetta Highway Roswell, GA 30076</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>PF \$550.00</p>
<p><input type="checkbox"/> Delete</p> <p>S/D Kathy Pifer 10800 Alpharetta Highway Roswell, GA 30076</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>Ches 8.75</p>
<p><input type="checkbox"/> Delete</p> <p>D Joe Collins 10800 Alpharetta Highway Roswell, GA 30076</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>400003320554--9 -07/12/00--01021--001 ****613.75 ****558.75</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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:

Edward E. Lane  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

KE

CR2E034 (9/99)