

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G44675

1. Entity Name

CHATSWOOD INVESTMENTS, INC.

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

05-16-2000 90103 050 \*\*\*150.00

Principal Place of Business

6340 RATTLESNAKE HAMMOCK RD.  
 NAPLES FL 33962

Mailing Address

4940 TAMARIND RIDGE DRIVE  
 NAPLES FL 34119-2828  
 US

2. Principal Place of Business

3. Mailing Address

6561 CHESTNUT CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 NAPLES FL

4. FEI Number 59-2347019

Applied For

Not Applicable

Zip

Country

Zip 33109

Country USA

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

Name

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

GALLMAN, WILLIAM K JR  
 4940 TAMARIND RIDGE DRIVE  
 NAPLES FL 34119

6561 CHESTNUT CIRCLE

City NAPLES FL Zip Code 34109

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 WILLIAM K GALLMAN JR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE 4/27/2000

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  
 NAME HILGER, EARL J.  
 STREET ADDRESS 4940 6TH AVE SW  
 CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 6561 CHESTNUT CIRCLE  
 CITY-ST-ZIP NAPLES FL 34109

TITLE VST  
 NAME GALLMAN, WILLIAM K., JR.  
 STREET ADDRESS 4940 6TH AVENUE SW  
 CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 6561 CHESTNUT CIRCLE  
 CITY-ST-ZIP NAPLES FL 34109

TITLE D  
 NAME GALLMAN, WILLIAM K., JR.  
 STREET ADDRESS 4940 6TH AVE SW  
 CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 6561 CHESTNUT CIRCLE  
 CITY-ST-ZIP NAPLES FL 34109

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)