

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90073 001 ***150.00
04-11-2000 90073 002 *****8.75

DOCUMENT # G63463

1. Entity Name

CHESTER DEVELOPMENT COMPANY

Principal Place of Business

6800 OLD 441 HWY. SOUTH OF M. DORA
6700 CHESTERHILL LANE
MOUNT DORA FL 32757

Mailing Address

6800 OLD 441 HWY. SOUTH OF M. DORA
6700 CHESTERHILL LANE
MOUNT DORA FL 32757-7033

2. Principal Place of Business:

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2340531

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

SNISI, ENNA C.
6800 OLD HIGHWAY 991
MT. DORA FL 32757

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 Enna C. Sinisi

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

President

(NOTE: Registered Agent signature required when reinstating)

3/31/000

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
NAME SINISI, ENNA C.
STREET ADDRESS 6800 OLD HIGHWAY 441
CITY-ST-ZIP MT. DORA FL ☐ Delete

TITLE D
NAME CHESTER, C E
STREET ADDRESS 1718 4TH AVE, APT 105
CITY-ST-ZIP PLATTS MOUTH NE 68048 ☐ Delete

TITLE TS
NAME CHESTER, E A J
STREET ADDRESS 6800 OLD 441 HWY
CITY-ST-ZIP MOUNT DORA FL 32757 ☐ Delete

TITLE V
NAME CHESTER, CYNTHIA M
STREET ADDRESS 6800 OLD 441 HWY.
CITY-ST-ZIP MOUNT DORA FL 32757 ☐ 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 D
NAME CHESTER, C E.
STREET ADDRESS 2402 NORTH 58 ST.
CITY-ST-ZIP DUMAHA NE. 68104 ☐ 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:

Enna C. Sinisi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/2000 - 352 383 2662
Date Daytime Phone #

CR2E034 (9/99)