

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90029 031 \*\*\*150.00

**DOCUMENT # J95247**

1. Entity Name

**CHASTAIN-SKILLMAN PROPERTIES, INC.**

Principal Place of Business

% RONALD L. CLARK  
 4740 CLEVELAND HEIGHTS BLVD.  
 LAKELAND FL 33813-2187

Mailing Address

% RONALD L. CLARK  
 4740 CLEVELAND HEIGHTS BLVD.  
 LAKELAND FL 33813-2187

2. Principal Place of Business

4705 Old Hwy 37  
 Suite, Apt. #, etc.

3. Mailing Address

4705 Old Hwy 37  
 Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Lakeland, Florida

Zip  
 33807

Country  
 USA

Zip  
 33807

Country  
 USA

4. FEI Number **59-2851566**

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

CLARK, RONALD L.  
 4740 CLEVELAND HEIGHTS BLVD.  
 LAKELAND FL

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, 2001 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 CHASTAIN, JAMES R., JR.  
 STREET ADDRESS 4705 OLD HWY 37  
 CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
 NAME DODDS, KEITH  
 STREET ADDRESS 4705 OLD HWY 37  
 CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
 NAME CAMPBELL, KENNETH R.  
 STREET ADDRESS 4705 OLD HWY 37  
 CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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:

*James R. Chastain*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2/12/01

863.646.1402

Date

Daytime Phone #

CR2E034 (10/00)