

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003876

1. Entity Name

CHILTERN DEVELOPMENT, L.L.C.

FILED

01 AUG 20 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

888 S.E. THIRD AVENUE
STE #400
FORT LAUDERDALE FL 33316

Mailing Address

888 S.E. THIRD AVENUE
STE #400
FORT LAUDERDALE FL 33316

2. Principal Place of Business

1415 Larchmont Drive

Suite, Apt. #, etc.

3. Mailing Address

1415 Larchmont Drive

Suite, Apt. #, etc.

City & State

Englewood, Florida

City & State

Englewood, Florida

Zip

34223

Country

U.S.A.

Zip

34223

Country

U.S.A.

4. FEI Number

EIN 65-0996152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LARRY J. BEHAR, P.A.
888 S.E. THIRD AVENUE
STE #400
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

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]

08.16.2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Larry J. Behar

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

300004552923-4

-08/23/01--01079--008

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	Member	<input type="checkbox"/> Delete
NAME	Gary Goggin	
STREET ADDRESS	1415 Larchmont Drive	
CITY-ST-ZIP	Englewood, FL 34223	
TITLE	Member	<input type="checkbox"/> Delete
NAME	Elizabeth Goggin	
STREET ADDRESS	1415 Larchmont Drive	
CITY-ST-ZIP	Englewood, FL 34223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED Gary Goggin, Member 08/16/01 (941) 474-8710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)