

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 29, 2002 8:00 am**  
**Secretary of State**

09-29-2002 90003 003 \*\*\*\*50.00

**DOCUMENT # L01000010330**

1. Entity Name

**CHAPEL HILL DRIVE, LLC**

Principal Place of Business

**7131 GRAND NATIONL DRIVE SUITE 106  
 ORLANDO FL 32819**

Mailing Address

**7131 GRAND NATIONL DRIVE SUITE 106  
 ORLANDO FL 32819**

2. Principal Place of Business

**8623 Commodity Cir**  
 Suite, Apt. #, etc.

3. Mailing Address

**8623 Commodity Cir**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Orlando, Florida**

Zip  
**32819**

Country  
**USA**

City & State  
**Orlando, Florida**

Zip  
**32819**

Country  
**USA**

4. FEI Number

**59-3727541**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required..

6. Name and Address of Current Registered Agent

**WOODS, JONATHAN D ESQ.  
 15 WEST CHURCH STREET  
 SUITE 203  
 ORLANDO FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 T&G INVESTMENT PARTNERS, INC.  
 7131 GRAND NATIONL DRIVE SUITE 106  
 ORLANDO FL 32819** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 T&G Investment Partners, Inc.  
 8623 Commodity Cir  
 Orlando, Florida 32819** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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**

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

Date

Daytime Phone #

**7/9/02**

CR2E083 (4/02)