

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91211 045 ****50.00

DOCUMENT # L01000014685

1. Entity Name

CHIPLEY RE, L.L.C.

Principal Place of Business

**5922 CATTLEMEN LANE, SUITE 203
SARASOTA FL 34232**

Mailing Address

**5922 CATTLEMEN LANE, SUITE 203
SARASOTA FL 34232**

2. Principal Place of Business

803 N. Calhoun St.

3. Mailing Address

803 N. Calhoun St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

65-1133494

Applied For

Not Applicable

Zip

32303

Country

USA

Zip

32303

Country

USA5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DECHOW, GERALD A
5922 CATTLEMEN LANE, SUITE 203
SARASOTA FL 34232**

7. Name and Address of New Registered Agent

Name

Theodore E. Mack

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

803 N. Calhoun St.

City

Tallahassee**FL**Zip Code
32303

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

**Theodore E. Mack****2/25/2002**

(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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	Theodore E. Mack	
STREET ADDRESS	803 N. Calhoun St.	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	Jerry W. Hinson	
STREET ADDRESS	803 N. Calhoun St.	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	Annette B. Jansenius	
STREET ADDRESS	803 N. Calhoun St.	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Brookcourt, L.L.C.	
STREET ADDRESS	803 N. Calhoun St.	
CITY-ST-ZIP	Tallahassee, FL 32303	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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		
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****Jerry W. Hinson, MGR 2/25/2002 850-638-4654**

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

Date

Daytime Phone #

CR2E083 (9/01)