

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90064 024 \*\*\*\*\*50.00

**DOCUMENT # L01000020603**

1. Entity Name

**CHILL PROPERTIES, LLC**

Principal Place of Business

**1677 MAHAN CENTER BLVD., STE. B  
TALLAHASSEE FL 32308**

Mailing Address

**1677 MAHAN CENTER BLVD., STE. B  
TALLAHASSEE FL 32308**

2. Principal Place of Business

**1101 Gulf Breeze Pkwy**

Suite, Apt. #, etc.

**Ste 115**

City & State

**Gulf Breeze FL**

Zip

**32562**

Country

**FLORIDA**

3. Mailing Address

**1101 Gulf Breeze Pkwy**

Suite, Apt. #, etc.

**Ste 115**

City & State

**Gulf Breeze FL**

Zip

**32562**

Country

**FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**80-0002716**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MCRAE, CHRISTOPHER T  
MCRAE & METCALF, P.A.  
1677 MAHAN CENTER BLVD.  
TALLAHASSEE FL 32308**

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, 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 **President** ☐ Delete  
NAME **Augustus R. Winchester**  
STREET ADDRESS **1101 Gulf Breeze Pkwy Ste 115**  
CITY-ST-ZIP **Gulf Breeze, Florida 32562**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Change ☐ 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:

*Augustus R. Winchester*

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

Date

Daytime Phone #

**1-14-02**

CR2E083 (9/01)