

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90057 043 ***150.00

DOCUMENT # L42335

1. Entity Name
CHASE LAND COMPANY

Principal Place of Business
**935 OAKDALE ST
 WINDERMERE FL 34786**

Mailing Address
**P.O. BOX 100
 WINDERMERE FL 34786**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2991516

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TRISMEN, RICHARD F.
 213 W COMSTOCK AVE
 WINTER PARK FL 32789**

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, 2002 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	<input type="checkbox"/> Delete
NAME	CHASE, FRANK W., III	
STREET ADDRESS	935 OAKDALE ST/PO BOX 100	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	DST	<input type="checkbox"/> Delete
NAME	COUTANT, PAMELA CHASE	
STREET ADDRESS	905 LAKEVIEW DR	
CITY-ST-ZIP	WINTER PK FL	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	CHASE JR, F WHITNER	
STREET ADDRESS	P.O. BOX 100	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	DASV	<input type="checkbox"/> Delete
NAME	AIELLO, ELIZABETH C	
STREET ADDRESS	117 COLUMBUS BLVD	
CITY-ST-ZIP	SARASOTA FL	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANK W. CHASE, III

Date

Daytime Phone #

2/16/02

407-876-0308

CR2E034 (9/01)