

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L56730

1. Entity Name
CHENOA SOUTH PROPERTIES, INC.

Principal Place of Business
**% JOHN CRIDER
521 W. FORT ISLAND TRAIL, SUITE A
CRYSTAL RIVER FL 32629**

Mailing Address
**% JOHN CRIDER
521 W. FORT ISLAND TRAIL, SUITE A
CRYSTAL RIVER FL 32629**

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90388 003 ***150.00

104040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3006542**

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

**CRIDER, JOHN
521 WEST FORT ISLAND TRAIL
SUITE A
CRYSTAL RIVER FL 32629**

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
DAVIS, ONLEE, P
29 SOUTH SALISBURY TERR
LECANTO FL 34461** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5386 S. RUNNING BROOK DR.
HOMOSASSA, FL 34448** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LOGAN, GREGORY C
6921 KENWOOD RD
CINCINNATI OH 45243** ☐ Delete

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

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

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)