

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L61326

1. Entity Name

CHESAPEAKE OF CLEARWATER, INC. ✓

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90006 034 ***550.00

Principal Place of Business

800 THIRD AVE
24TH FLOOR
NEW YORK NY 10022
US

Mailing Address

800 THIRD AVE
24TH FLOOR
NEW YORK NY 10022
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1317942

Applied For

Not Applicable

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

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	BERTELLOTTI, ROBERT	
STREET ADDRESS	800 THIRD AVE 24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SMITH, WAYNE R	
STREET ADDRESS	800 THIRD AVE 24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	RANKIN, DAVID P	
STREET ADDRESS	800 THIRD AVE 24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: Wayne R. Smith **W. R. SMITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/00

Date

212-750-0200

Daytime Phone #

CR2E034 (5/00)