2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9600001195 1. Entity Name CHISHOLM-SUTHERLIN, L.C.					FILED AMII RETARY OF S AHASSEE, FL		
Principal Place of Business Mailing Address 4825 CHISHOLM PARK TRAIL ST. CLOUD FL 34771 ST. CLOUD FL 34771-8101							10101 OKT HKI
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			O NOT WRITE IN THI	S SPACE	
City & Stat	te	City & State		4. FEI Number	-3412837	— — — — — — — — — — — — — — — — — — —	optied For
Zip	Country	Zip	Country	5. Certificate of State	us Desired	\$5.00 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent	N. I.	7. Name and Addre	ss of New Registere	d Agent	
CHISHOLM, CHARLES B 4825 CHISHOLM ROAD ST. CLOUD FL 34771		Street Addres	Idress (P.O. Box Number is Not Acceptable)				
		City	City			FL Zip Code	
	Signature, types of princes ratio of registrose agen-		Registered Agent signature requirements:		DATE		
		FILE NO Make Check Pay	OWILL FEE IS \$50.0 yable to Department	0 t of State	ي	er et e	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEME MGR CHISHOLM, CHARLES B 4825 CHISHOLM ROAD ST. CLOUD FL 34771	FILE NO Make Check Pay BERS/MEMBERS Delete	yable to Department 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 t of State	ADDITIONS/CHANGI	ES Change	☐ Addition
TITLE NAME STREET ADDRESS	MANAGING MEME MGR CHISHOLM, CHARLES B 4825 CHISHOLM ROAD	FILE NO Make Check Pay	yable to Department 10. TITLE NAME STREET ADDRESS	o state	ي	ES Change	Addition
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SIGNATURE

SIGNATURE 4

NERE REQUIRED

YPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

04/27/00

407-892 1957

Daytime Phone #