

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L98000000943

1. Entity Name

CHASTANG, FERRELL, SIMS & EISERMAN, L.L.C.

00 MAY 18 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1400 WEST FAIRBANKS, SUITE 102
WINTER PARK FL 32789

Mailing Address
1400 WEST FAIRBANKS, SUITE 102
WINTER PARK FL 32789-4880



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zip Country

4. FEI Number 59-3522738
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
FERRELL, JAMES W
1400 WEST FAIRBANKS, SUITE 102
WINTER PARK FL 32789

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

9. MANAGING MEMBERS/MEMBERS
TITLE NAME MGR
STREET ADDRESS CHASTANG, LAWRENCE J
CITY- ST- ZIP 1400 WEST FAIRBANKS, SUITE 102
WINTER PARK FL 32789
Delete
TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
Delete
TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
Delete
TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
Delete
TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
Delete
TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
Delete

10. ADDITIONS/CHANGES
TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition
TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition
200003282652--9
-06/09/00--01031
*****50.00 *****50.00
Change Addition
TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition
TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition
TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
Change Addition

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: [Signature] RED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date 5/16/00
Daytime Phone # 407-629-1944

169(6) 680