

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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AF

DOCUMENT # L98000000943

1. Entity Name

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

01 APR 26 PM 1:17

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



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

59-3522738

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERRELL, JAMES W  
1400 WEST FAIRBANKS, SUITE 102  
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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGR  
CHASTANG, LAWRENCE J  
STREET ADDRESS  
1400 WEST FAIRBANKS, SUITE 102  
CITY-ST-ZIP  
WINTER PARK FL 32789

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900004191389--9  
-05/03/01--01110--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)