

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001683**

1. Entity Name
CHES DEVELOPMENT, L.L.C.

FILED

00 JAN 13 AM 9:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**4647 TIMBERLANE ROAD
BASCOM FL 32423**

Mailing Address
**4647 TIMBERLANE ROAD
BASCOM FL 32423-9425**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

**GIOIELLO, JOHN L
402 JENKS AVENUE
PANAMA CITY FL 32401**

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
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SINGLETARY, EMORY R III
1509 MARYLAND AVENUE
LYNN HAVEN FL 32444**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**200003105632--6
-01/21/00--01010--020
*****50.00 *****50.00**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HUDSON, CHARLES H JR.
4647 TIMBERLANE ROAD
BASCOM FL 32423**

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

10 January 2000 (850) 526-5557

Daytime Phone #

CR2E083 (9/99)