

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 27 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001800

1. Entity Name
CHAPEL PLAZA, L.L.C.

Principal Place of Business
760 S. VOLUSIA AVENUE
ORANGE CITY FL 32763

Mailing Address
ATTN: JOHN WANAMAKER, CCIM
760 S. VOLUSIA AVENUE
ORANGE CITY FL 32763-6506

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

59-3566108

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WANAMAKER, JOHN
760 S. VOLUSIA AVENUE
ORANGE CITY FL 32763

7. Name and Address of New Registered Agent

Name Charles Barry

Street Address (P.O. Box Number is Not Acceptable)

760 S. Volusia Ave

City Orange City

FL

Zip Code 32763

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

Charles M. Barry
Signature, typed or printed name of registered agent and type if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

700003249567--6
-05/12/00--01010--008
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR WANAMAKER, JOHN
STREET ADDRESS 760 S. VOLUSIA AVENUE
CITY-ST-ZIP ORANGE CITY FL 32763 ☒ Delete

TITLE NAME MGR BARRY, CHARLES
STREET ADDRESS 760 S. VOLUSIA AVENUE
CITY-ST-ZIP ORANGE CITY FL 32763 ☐ 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 MGR VIRGINIA BARRY
STREET ADDRESS 760 S. Volusia Ave
CITY-ST-ZIP ORANGE CITY FL 32763 ☐ 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

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:

Charles M. Barry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/30/00
Date

Daytime Phone #

CR2E083 (9/99)