

2001 UNIFORM BUSINESS REPORT (UBR)

0025455 AF

DOCUMENT # **L99000001800**

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

FILED

01 MAY -1 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**BARRY, CHARLES
760 S. VOLUSIA AVENUE
ORANGE CITY FL 32763**

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.

(NOT) 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 ☐ Delete
NAME **MGR**
STREET ADDRESS **BERRY, VIRGINIA**
CITY-ST-ZIP **760 S. VOLUSIA AVENUE
ORANGE CITY FL 32763**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **800004274868-3**
CITY-ST-ZIP **-05/21/01--01185--012
*****50.00 *****50.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Charles M. Barry

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

Date

Daytime Phone #

CR2E083 (11/00)