2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR)							APPRO A N D				
DOCUMENT # L9900008253 1. Entity Name							FILED				
CHARA, LLC							00 APR -6 AM 11: 11				
							SECRETARY C	FSTATE	- 5 A\		
Principal Plac	ce of Business	Mailing Address	iling Address			TALLAHASSEE	, FLURIL	JA			
9625 ALONZO ROAD RIVERVIEW FL 33569			P.O. BOX 76009 TAMPA FL 33675-1009				γ	k	,		
	- ****					1) Oto ob no ob no o			
2. Principal F	3. Mailing Address	ing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FE	4. FEI Number Applied For				
		Country Zip		Country			59-36132		\$5.00 Add	t Applicable	
		Address of Company Deviatored Asset		<u> </u>	Γ	Fee Required					
	b. Name and A	ddress of Current Registered Agent			Name	7. Name and Address of New Registered Agent me					
HARRIS, TRACY J JR.			v		Street Address (P.O. Box Number is Not Acceptable)						
9625 ALONZO ROAD RIVERVIEW FL 33569						<u> </u>					
THE LITTLE TE SOOD					City	FL Zip Code					
8. The above	named entity subm	its this statement for t	he purpose of changing it	s register	ed office or	registered agen	t, or both, in the State of Fl				
	•										
SIGNATURE	Signature, typed or printed	name of registered agent and	title if applicable. (NO	TE: Registere	d Agent signatu	re required when reins	tating)	DATE			
			FILE N	OW!!!	FEE IS \$	50.00					
			Make Check Pa	ayable t	o Departi	ment of State					
9.		MANAGING MEMBER	S/MEMBERS	10.				/CHANGES			
TITLE NAME	TOURLES .		☐ Deleta		E Le	Member	J. Harris,	Tr.	Change	X Addition	
STREET ADDRESS				\$TRI	EET ADDRESS		701 Indiana Avenue				
CITY- ST- ZIP	<u> </u>			EITY	- ST- ZIP	Palm H Member	arbor, FL	<u>34683</u>	Change	₩ Addition	
NAME				NAME		Bing K	Bing Kearney				
STREET ADDRESS CITY-ST-ZIP	\				EET ADDRESS - ST- ZIP		911 Seddon Cove Way Tampa, FL 33602				
TITLE	-		☐ Delote	TITL	E	Tampa,	<u></u>		Change	Addition	
NAME STREET ADDRESS			-		EET ADDRESS		د بها بسان بسان بسان بسان وسان ور	and the second			
CITY-87-ZIP					- 8T- ZIP		400003 	Z 1 38 ⊬ /000	ਹ:ਂ- 4 - 1034 ਿ	-9 ::::	
TITLE NAME			☐ Delote	TITL				50.00	Change	Addition	
STREET ADDRESS				STRE	ET ADDRESS		-				
CITY-ST-ZIP			□ Deleta	TITL	-8T-ZIP E	<u></u>			Change	Addition	
NAME 3				NAM	IE				_ •	_	
STREET ADDRESS CITY-SPATE	1	1			ET ADDRESS - ST-ZIP						
TITLE 2			☐ Defete	TITL				· -	Change	Addition	
NAME .? STREET ÄDDRESS				MAM STRI	ET ADDRESS	,					
CITY- 8T- ZIP					- 8T- ZIP	· · ·		<u> </u>			
11. I hereby indicated	certify that the inform	nation supplied with the	nis filing does not qualify to at my signature shall have	or the exe	mption stat	ed in Section 11 ct as if made und	9.07(3)(i), Florida Statutes. der oath; that I am a mana	I further cer ging membe	tify that the ir er or manage	nformation or of the	

SIGNATURE: SIGNATURE AND THE OF PHINTED NAME OF SIGNING MEMBER OF MANAGER Date