

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUL 25 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000000271

1. Entity Name

CHAPMAN, SCHEWE - FLORIDA, LLC

Principal Place of Business

1177 WEST LOOP SOUTH, SUITE 700  
HOUSTON TX 77027

Mailing Address

1177 WEST LOOP SOUTH, SUITE 700  
HOUSTON TX 77027

2. Principal Place of Business

2500 CITYWEST BLVD.

Suite, Apt. #, etc.

#1150

City & State

HOUSTON, TEXAS

Zip

77042

Country

USA

3. Mailing Address

2500 CITYWEST BLVD.

Suite, Apt. #, etc.

#1150

City & State

HOUSTON, TEXAS

Zip

77042

Country

USA

4. FEI Number

59-0340173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME CHAPMAN, HARRY S  
STREET ADDRESS 1177 WEST LOOP SOUTH, SUITE 700  
CITY-ST-ZIP HOUSTON TX 77027

TITLE MGR ☐ Delete  
NAME SCHEWE, DANIEL J  
STREET ADDRESS 1177 WEST LOOP SOUTH, SUITE 700  
CITY-ST-ZIP HOUSTON TX 77027

TITLE MGR ☐ Delete  
NAME GRUVERMAN, HOWARD  
STREET ADDRESS 350 S.E. 2ND STREET  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800003343148--9  
-08/02/00--01009--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*DANIEL J. SCHEWE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7/12/00 713-552-1954

CR2E083 (5/00)