

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-25-2003 90138 047 ****61.25

DOCUMENT # NO1000004578

1. Entity Name
CHICKASAW TRAIL ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**1988 S. CHICKASAW TRAIL
ORLANDO FL 32825**

Mailing Address
**1988 S. CHICKASAW TRAIL
ORLANDO FL 32825**

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 **59-3754385**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIRTON, BRIDGER
1988 S. CHICKASAW TRAIL
ORLANDO FL 32825**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

E Bridger Kirton
Signature, typed or printed name of registered agent and title if applicable

E BRIDGER KIRTON
(NOTE: Registered Agent signature required when reinstating)

4/17/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> Delete
NAME	KIRTON, E. BRIDGER	
STREET ADDRESS	1988 S. CHICKASAW TRAIL	
CITY - ST - ZIP	ORLANDO FL 32825	
TITLE	VO	<input type="checkbox"/> Delete
NAME	RIVERO, CARLOS A	
STREET ADDRESS	1802 RIO COVE COURT	
CITY - ST - ZIP	ORLANDO FL 32825	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HURT, EDWARD H JR.	
STREET ADDRESS	1988 S. CHICKASAW TRAIL	
CITY - ST - ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

E Bridger Kirton
E BRIDGER KIRTON

5/9/03 407-277-6121
Date Daytime Phone #

CR2E037 (10/02)