

05-23-2002 90114 046 \*\*\*\*61.25

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N01000005019**

1. Entity Name

**CHIROKEEPERS, INC.**

Principal Place of Business

421 CELEBRATION AVE.  
 CELEBRATION FL 34747

Mailing Address

421 CELEBRATION AVENUE POB 66022  
 CELEBRATION FL 34747 St. Petersburg  
 FL 33736

2. Principal Place of Business

3. Mailing Address

POB 66022

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg FL

4. FEI Number

27-000 9039

Applied For

Not Applicable

Zip

Country

33736 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LERNER, BEN DR.  
 421 CELEBRATION AVENUE  
 CELEBRATION FL 34747

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 \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EX-EX DIRECTOR JACK GLASURE 205 20TH AVE ST. PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GREG LOMAN 11905-C N TAMMAMITRAIL NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SONIA YOUNG 3 W SOUTH RIDGE WRIGHTSVILLE BCH. NC 28480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR YURIS CHEWPA 1179 HUNT CLUB RD OTTAWA, ONTARIO, CANADA K1V 8S4	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ED QUIRK 1179 HUNT CLUB RD OTTAWA, ONTARIO, CANADA K1V 8S4	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOMMY BOLAN DIRECTOR 10890 E DARTSMOUTH AVE #6 AURORA, CO 80014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BEN LERNER 700 W VINE ST KISSIMMEE, FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 files empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

407-935-1137

Date

Daytime Phone #

CR2E037 (9/01)



*Attachment*

*39398*

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State

June 28, 2002

CHIROKEEPERS, INC.  
700 W VINE ST  
SUITE 101  
KISSIMMEE, FL 34741

Subject: **CHIROKEEPERS, INC.**

Reference Number: **N0100005019**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

*That scratch mark is Dr. Lerner's signature*

Provide the title(s) of each officer/director listed on the report or on an attachment.

*All are provided as directors: G. Loman E. Quirk  
S. Young T. Bolan - Director  
Y. Chewpa B. Lerner*

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

*248-6059*

/JN  
ANNUAL REPORTS SECTION

*Please note mailing address change*