

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

**FILED**  
**Aug 20, 2003 8:00 am**  
**Secretary of State**

08-20-2003 90052 044 \*\*\*\*61.25

0013217

DOCUMENT # **NO1000005019**

1. Entity Name

**CHIROKEEPERS, INC.**



Principal Place of Business

**421 CELEBRATION AVE.  
CELEBRATION FL 34747**

Mailing Address

**P.O. BOX 66022  
ST PETERSBURG FL 33736**

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 **27-0009039**

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

~~LERNER, BEN DR.~~  
**421 CELEBRATION AVENUE  
CELEBRATION FL 34747**

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

*Dr. Ben Lerner*

*8/18/03*

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  
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOMAN, GREG</b>	
STREET ADDRESS	<b>11905-C N TAMAMI TRAIL</b>	
CITY-ST-ZIP	<b>NAPLES FL 34110</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YOUNG, SONIA</b>	
STREET ADDRESS	<b>3 W SOUTHRIDGE</b>	
CITY-ST-ZIP	<b>WRIGHTSVILLE BEACH NC 28480</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHEWPA, YURIS</b>	
STREET ADDRESS	<b>1179 HUNT CLUB RD</b>	
CITY-ST-ZIP	<b>OTTAWA, ONTARIO CN K1-V85A</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>QUIRK, ED</b>	
STREET ADDRESS	<b>1179 HUNT CLUB RD</b>	
CITY-ST-ZIP	<b>OTTAWA, ONTARIO CN K1-V85A</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOLANI, TOMMY</b>	
STREET ADDRESS	<b>10890 E DARSMOURTH AVE # 6</b>	
CITY-ST-ZIP	<b>AURORA CO 80014</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LERNER, BEN</b>	
STREET ADDRESS	<b>700 W VINE ST</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	

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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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**

*8/18/03 407-935 1132*

CR2E037 (4/03)