

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35507

1. Entity Name

CHICKASAW TRAILS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

52 E. SOUTH ST.
ORLANDO FL 32801
US

Mailing Address

52 E. SOUTH ST.
ORLANDO FL 32801-3308
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90185 024 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2994534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DON ASHER & ASSOCIATES, INC.
52 E. SOUTH ST.
ORLANDO FL 32801

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	PD	<input checked="" type="checkbox"/> Delete
NAME	FUSSELL, DEBBIE	
STREET ADDRESS	4153 EAGLE FEATHER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32829	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARTON, JEFFRY	
STREET ADDRESS	4147 EAGLE FEATHER	
CITY-ST-ZIP	ORLANDO FL 32829	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GUINN, JOHN	
STREET ADDRESS	3866 RUNNING WATER CT	
CITY-ST-ZIP	ORLANDO FL 32829	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BECK, AUGUSTINE T	
STREET ADDRESS	3715 PEACE PIPE DR	
CITY-ST-ZIP	ORLANDO FL 32829	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COHEN, DAVID	
STREET ADDRESS	3773 PEACE PIPE DR	
CITY-ST-ZIP	ORLANDO FL 32829	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guinn, John	
STREET ADDRESS	3866 Running Water Drive	
CITY-ST-ZIP	Orlando, FL 32829	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Montefort, Joan	
STREET ADDRESS	4112 Eagle Feather Dr	
CITY-ST-ZIP	Orlando, FL 32829	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beck, Augustine T	
STREET ADDRESS	3715 Peace Pipe	
CITY-ST-ZIP	Orlando, FL 32829	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barton, Jeffry	
STREET ADDRESS	4147 Eagle Feather Dr.	
CITY-ST-ZIP	Orlando, FL 32829	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Whissel, Michael	
STREET ADDRESS	3722 Running Water Dr	
CITY-ST-ZIP	Orlando, FL 32829	
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)(l), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00 (407) 399-6551

Date

Daytime Phone #

CR2E037 (9/99)