

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002476

1. Entity Name

THE CHIMP FARM, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90035 017 ****61.25

Principal Place of Business

New ~~Address~~ Address

4612 ALTERNATE HIGHWAY 19 SOUTH
TARPON SPRINGS FL 34689

~~P.O. BOX 727~~

~~OZONA FL 34660-0727~~

4612 ALT 19
P.H. FIA
34683



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

The Chimp Farm, Inc.

3. Mailing Address

4612 ALT 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor

City & State

FIA

4. FEI Number

59-3318127

Applied For

Not Applicable

Zip

34683

Country

Pinellas

Zip

34683

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLETCHER, DEBORAH D

4612 ALT HWY 19 S

TARPON SPRINGS FL 34689

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	NOELL, ROBERT E SR	300 BAY ST	OZONA FL 34660	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SCOTT, DAVID L DR	1808 FLORIDA AVE	PALM HARBOR FL 34683-4700	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	FLETCHER, DEBORAH A	5988 GREENACRES	HOMASASA SPRINGS FL 32647	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Deborah A Fletcher / Volunteer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-943-5897

CR2E037 (9/99)