

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90424 027 ****61.25

DOCUMENT # N98000000819

1. Entity Name

CHAIRES RESIDENTS' AND LANDOWNERS' ASSOCIATION.

Principal Place of Business

Mailing Address

3181 CHAIRES CROSSROAD
TALLAHASSEE FL 32311

3181 CHAIRES CROSSROAD
TALLAHASSEE FL 32311-4626

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

59-3512420

APPLIED FOR

Applied For

Not Applicable

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

KOWALCHYK, DEAN C
1331 E LAFAYETTE STREET
STE F
TALLAHASSEE FL 32301

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 C
NAME EDENFIELD, CHARLOTTE
STREET ADDRESS 3181 CHAIRES CROSSROAD
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VC
NAME RIVERA, ORLANDO
STREET ADDRESS 8829 GREEN ACORN LN.
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME PALMER, MARCELLA
STREET ADDRESS 4773 CHAIRES CROSSROAD
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MAY, BRANDI
STREET ADDRESS 8829 ROAD TO THE LAKE
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME STEPHAN, FRIEDRICH
STREET ADDRESS 8480 ROAD TO THE LAKE
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME CHILDERS, RONALD
STREET ADDRESS 4468 CHAIRES CROSSROAD
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
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: MARCELLA PALMER SECRETARY 4/24/2000

CR2E037 (9/99)