

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007369

1. Entity Name

CHUPP FAMILY SUPPORT ORGANIZATION, INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90003 005 ****61.25

Principal Place of Business

1357 WEST BEAVER STREET
JACKSONVILLE FL 32203

Mailing Address

1357 WEST BEAVER STREET
JACKSONVILLE FL 32203

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3547658

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEEK, DAVID H
1301 RIVERPLACE BLVD., STE. 1609
JACKSONVILLE FL 32207

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
After September 13, 2000 min. will be \$236.25

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 **D** ☐ Delete
NAME **CHUPP, CHARLES O**
STREET ADDRESS **P.O. BOX 40606 N/A**
CITY-ST-ZIP **JACKSONVILLE FL 32203**

TITLE **D** ☐ Delete
NAME **PEEK, DAVID H**
STREET ADDRESS **1301 RIVERPLACE BLVD., STE. 1609**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Delete
NAME **PARSONS, HARRY M JR.**
STREET ADDRESS **1301 RIVERPLACE BLVD., STE. 1609**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☒ Delete
NAME **IRA, STEWART**
STREET ADDRESS **13375 BEACH BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)

7/11/00 804-633-6906