

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045417

1. Entity Name

CHPP # 2 CONDOMINIUM OWNERS ASSOCIATION, INC.

FILED
Aug 25, 2002 8:00 am
Secretary of State05-13-2002 90160 031 ****61.25
08-25-2002 90218 009 ****88.75

0104406 AV

Principal Place of Business

1700 SE 11TH ST
#300
OCALA FL 34471

Mailing Address

1700 SE 11TH ST
#300
OCALA FL 34471

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3665355

Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAINES, TIM D
1700 SE 17TH ST #300
OCALA FL 34471

7. Name and Address of New Registered Agent

Name Roy Thad Boyd III
Street Address 1700 SE 17TH Street
Suite #300
City Ocala FL 34471

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME BOYD, ROY T III
STREET ADDRESS 1700 SE 17TH ST #300
CITY-ST-ZIP Ocala FL 34471TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (4/02)

Attachment Doc # P00000045417

CHPP #2 CONDOMINIUM OWNER'S ASSOCIATION
1700 S.E. 17TH STREET, SUITE #300
OCALA, FLORIDA 34471

AMSOUTH AMSOUTH BANK OF FLORIDA

1043

NUMBER

63-466/631

1043

***** Sixty One & 25/100 Dollars

DATE

AMOUNT

PAY
TO THE
ORDER
OF

04/22/02

*****61.25

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

[Handwritten signature]

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈001043⑈ ⑈063104668⑈ 339160175⑈

⑈0000006125⑈

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT # 1009068796

MAY 08 2002

2176 50177

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AMSOUTH BANK 05/22/02
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127 0620000019
000018375

BANK OF AMERICA NA JAX
⑈063000047⑈ E6382 90 P17
05/21/02

6740120390

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

pd 61.25
4-22-02 & #1043

DOCUMENT #

1. Entity Name

CHPP #2 Condominium Owner's Association

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1700 SE 17th Street

3. Mailing Address
1700 SE 17th Street

Suite, Apt., etc.
Suite #300

Suite, Apt., etc.
Suite #300

City & State
Ocala FL

City & State
Ocala FL

Zip
34471

Country
USA

Zip
34471

Country
USA

4. FEI Number
59-3665355

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Ray Thad Boyd III

Street Address (P.O. Box Number if Not Applicable)
1700 SE 17th Street, #300

City
Ocala

FL

Zip
34471

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]

**FEE IS \$61.25
Initial or Amended UBR**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
Ray Thad Boyd III
1700 SE 17th Street, #300
Ocala, FL 34471

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**DO NOT WRITE
IN THIS SPACE**

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 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

Attachment
Doc. # 00000045417

CHPP #2 CONDOMINIUM OWNER'S ASSOCIATION

1700 SE 17th Street, Suite #300
Ocala, FL 34471
Telephone: 352/861-2248
Fax: 352/861-2256

August 20, 2002

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Federal ID #59-3665355

Dear Sirs,

When processing our 2002 UBRs, I discovered that I had not received a pre-printed UBR form for the above referenced corporation. I downloaded a form and submitted the payment of \$61.25 on April 22, 2002.

This week I received a pre-printed form requesting a filing fee of \$550.00. I called the Division of Corporations today to question this and was informed that I had filed an incorrect form and my return had been rejected. However, I never received the rejection notice as the address that you have for our company is incorrect. The address on the form is 1700 SE 11th Street. Our correct address is 1700 SE 17th Street. Our check #1043 dated 4/22/02 to the Division of Corporations in the amount of \$61.25 cleared our bank on 05/21/02 (a copy is enclosed for your review).

Enclosed please find our check #1056 in the amount of \$88.75 for the balance of the \$150.00 fee.

I respectfully request that you waive the \$400.00 late fee as I did file the return on a timely basis and never received notification that there was any problem.

If you have any questions, please give me a call at 352-861-2248, ext. 301.

Thank you.

Sincerely,

Sharon Oliver

Sharon Oliver
Bookkeeper

Xcc: Lori Hornby