

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 25, 2001
Secretary of State**DOCUMENT #** P00000091445

1. Entity Name

560 CHIPPING LANE DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

**310 WHITFIELD AVENUE
SARASOTA, FLORIDA 34243****310 WHITFIELD AVENUE
SARASOTA, FLORIDA 34243**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

65-1074703

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARBARA K. SMITH**310 WHITFIELD AVENUE
SARASOTA, FLORIDA 34243**

Name

DEREK TAACA

Street Address (P.O. Box Number is Not Acceptable)

310 WHITFIELD AVENUE**SARASOTA, FLORIDA 34243**

City

FL

Zip Code

9. 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

Derek Taaca**5-24-01**

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

(NOTE: Registered Agent's signature required when renouncing)

DATE

10. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME
STREET ADDRESS
CITY-STATE-ZIP**TORINE, JEFFREY**
310 WHITFIELD AVENUE
SARASOTA, FLORIDA 34243☒ DeleteTITLE P
NAME
STREET ADDRESS
CITY-STATE-ZIP**WILLIAM R. BENEKOS**
310 WHITFIELD AVENUE
SARASOTA, FLORIDA 34243☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP**500004336135**
-05/31/01 --01065--002
*******150.00 *****150.00**☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ Addition

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: William R. Benekos

William R. Benekos

5-24-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #