2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P21264 May 11, 2000 8:00 am 1. Entity Name CHARTER INVESTMENT ADVISORS, INC. Secretary of State 05-11-2000 90284 013 ***150.00 Mailing Address Principal Place of Business 3760 JOHN YOUNG PARKWAY, SUITE 103 3760 JOHN YOUNG PARKWAY, SUITE 103 ORLANDO FL 32804-3220 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address <u>5401 S. Kirkman Rd.</u> Kirkman Road Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. <u>Suite #650</u> Suite #650 Applied For City & State 4. FEI Number City & State 59-2907557 Not Applicable Orlando, Orlando, Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 32819-7912 32819-791 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -RODGERS, TERRY A. Street Address (P.O. Box Number is Not Acceptable) 7318 FORESTWOOD COURT ORLANDO, FL 32835 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE Change ☐ Addition TITLE ☐ Delete RODGERS, TERRY A NAME NAME STREET ADDRESS 7318 FORESTWOOD CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change X Addition X Delete TITLE TITLE COLLINSWORTH, GREGORY C. NAME Hope-Gill, Lance C. 4000-J LAKE UNDERHILL RD. STREET ADDRESS STREET ADDRESS 5160 Sun Palm Dr. CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP <u> Windermere, FL 34786</u> Addition ☐ Change ☐ Delete TITLE RODGERS, PAULA A. NAME NAME STREET ADDRESS STREET ADDRESS 7318 FORESTWOOD CT. CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date