

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049444

1. Entity Name

CHASTAIN COMMUNICATIONS CORPORATION

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90091 037 ***150.00

Principal Place of Business

4457 N.E. 1ST ST.
OCALA FL 34470

Mailing Address

4457 N.E. 1ST ST.
OCALA FL 34470-6116

2. Principal Place of Business

2020 NE 5th Pl. Ocala, FL

3. Mailing Address

2020 NE 5th Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

Country

34470

USA

Zip

Country

34470

USA

4. FEI Number

59-3325417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, TERESA C
4457 N.E. 1ST ST.
OCALA FL 34470

7. Name and Address of New Registered Agent

Name Teresa C. Davis

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

2020 NE 5th Pl

City

Ocala

FL

Zip Code

34470

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

Teresa C. Davis, President

4/6/00

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, TERESA C	
STREET ADDRESS	4457 N.E. 1ST ST.	
CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2020 NE 5 th Pl	
CITY-ST-ZIP	Ocala, FL 34470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Teresa C. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00

Date

352-671-1129

Daytime Phone #

CR2E034 (9/99)