

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
 04-17-2000 90009 036 ***150.00

DOCUMENT # P96000005268

Entity Name
CHIEF DEVELOPMENT, INC.

Principal Place of Business
N.E. 20TH AVENUE
LAUDERDALE FL 33304

Mailing Address
5702 MADISON ST
HOLLYWOOD FL 33023-1457
US

Principal Place of Business
5702 Madison Street

Suite, Apt. #, etc.

City & State
Hollywood, FL

Zip
33023-1457

Country
Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0634111

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARROLL, JOHN M JR.
826 N.E. 20TH AVENUE
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name
Mark S. Osceola

Street Address (P.O. Box Number is Not Acceptable)
6521 W. Osceola Circle

City
Hollywood, FL

Zip Code
33024

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 *Mark S. Osceola, Pres.* *4/6/00*
 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 \$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 NAME STREET ADDRESS CITY-ST-ZIP | D OSCEOLA, MARK S 6521 W. OSCEOLA CIRCLE HOLLYWOOD FL 33024 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARRROLL, JOHN M 1812 N.E. 22ND TERRACE FT. LAUDERDALE FL 33304 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GAGLIANO, NINO J 5702 MADISON STREET HOLLYWOOD FL 33023 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Mark S. Osceola, Pres.* *4/6/00* *954-894-9500*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)