

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90004 003 \*\*\*550.00

**A0072498**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P96000014889**

1. Entity Name

**CHEVAL REALTY AND DEVELOPMENT COMPANY, INC.**

Principal Place of Business

~~3939 CHEVAL BLVD.~~  
~~LUTZ FL 33549~~**2722 W. Terrace Dr.**  
**Tampa, FL 33609**

Mailing Address

~~3939 CHEVAL BLVD.~~  
~~LUTZ FL 33549~~**2722 W. Terrace Drive**  
**Tampa, FL 33609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3372643**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~STACKPOOLE, JAMES M~~~~3939 CHEVAL BLVD.~~~~LUTZ FL 33549~~**2722 W. Terrace Dr.**  
**Tampa, FL 33609**

Name

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

City

**FL**

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

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, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                | STREET ADDRESS  | CITY-ST-ZIP                                     | <input type="checkbox"/> Delete |
|-------|---------------------|---|---|---------------------------------|
| PD    | STACKPOOLE, JAMES M | <del>3939 CHEVAL BLVD.</del> <b>2722 W. Terrace Dr.</b> | <del>LUTZ FL 33549</del> <b>Tampa, FL 33609</b> | <input type="checkbox"/>        |
| VTSD  | MAYNARD, CHARLES V  | <del>3939 CHEVAL BLVD.</del> <b>2722 W. Terrace Dr.</b> | <del>LUTZ FL 33549</del> <b>Tampa, FL 33609</b> | <input type="checkbox"/>        |
|       |                     |   |   | <input type="checkbox"/>        |
|       |                     |   |   | <input type="checkbox"/>        |
|       |                     |   |   | <input type="checkbox"/>        |
|       |                     |   |   | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 (5/00)

attachment # P96000014089

PO072498

081400

EFFECTIVE SEPTEMBER 1, 1999  
WE'VE MOVED OUR OFFICE TO:

CHEVAL REALTY AND DEVELOPMENT CO., INC. and  
CHEVAL UTILITIES, INC.

~~2722 W. TERRACE DRIVE~~

TAMPA, FLORIDA 33609

813/875-1521-Phone

813/875-1621-Fax

XCHZ@AOL.COM