

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018263

1. Entity Name

CHAPMAN'S CUSTOM HOMES, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90049 005 \*\*\*150.00

Principal Place of Business

Mailing Address

481 ROOSEVELT AVE. N.E.  
LAK PLACID FL 33852

481 ROOSEVELT AVE. N.E.  
LAK PLACID FL 33852-8834

2. Principal Place of Business

124 East Interlake Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake Placid FL

City & State

Zip

33852

Country

USA

Country

4. FEI Number

65-0643927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NIELANDER, WILLIAM J  
116 E INTERLAKE BLVD  
STE 101  
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

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 \$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 P ☐ Delete  
NAME CHAPMAN, MICHAEL  
STREET ADDRESS 481 ROOSEVELT AVE, NE  
CITY-ST-ZIP LAKE PLACID FL

TITLE V ☒ Delete  
NAME CHAPMAN, RONALD A  
STREET ADDRESS 207 BAY HARBOR DR NE  
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE S ☒ Delete  
NAME CHAPMAN, BARBARA  
STREET ADDRESS 207 BAY HARBOR DR NE  
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE T ☐ Delete  
NAME CHAPMAN, PEGGY  
STREET ADDRESS 481 ROOSEVELT AVE NE  
CITY-ST-ZIP LAKE PLACID FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President, Secretary ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Vice President, Treasurer ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Peggy Chapman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/00

Daytime Phone #

863-465-9185

CR2E034 (9/99)