

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088211

1. Entity Name

BAJA KIRKMAN OAKS, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90138 023 \*\*\*158.75

Principal Place of Business

Mailing Address

931 N STATE ROAD 434  
 STE 1145  
 ALTAMONTE SPRINGS FL 32714  
 US

931 N STATE ROAD 434  
 ALTAMONTE SPRINGS FL 32714-7022  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3415487

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

CHENAIL, GREGORY  
 931 N SR 434, #1145  
 ALTAMONTE SPRINGS FL 32714

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHENAIL, GREGORY C	
STREET ADDRESS	929 OASIS CT	
CITY-ST-ZIP	APOPKA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HASAPES, GEORGE P	
STREET ADDRESS	210 N CASTLEFORD CT	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HASAPES, JOANNE	
STREET ADDRESS	210 N CASTLEFORD CT	
CITY-ST-ZIP	LONGWOOD FL	
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	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAHLEN, DIK	
STREET ADDRESS	37 BLUE STONE CT.	
CITY-ST-ZIP	CHADDS FORD, PA 19317	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAHLEN, PRISCILLA	
STREET ADDRESS	37 BLUE STONE CT.	
CITY-ST-ZIP	CHADDS FORD, PA 19317	
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:

*GREGORY CHENAIL*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 407 786-8862  
 Date Daytime Phone #

CR2E034 (9/99)