

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2001 8:00 am**  
**Secretary of State**

011367 AT

08-20-2001 90071 031 \*\*\*550.00

**DOCUMENT # P97000048732**

1. Entity Name  
**CHOO CHOO 507, INC.**

Principal Place of Business

**2077 CURRYVILLE RD  
 CHULUOTA FL 32766  
 US**

Mailing Address

**2077 CURRYVILLE RD  
 CHULUOTA FL 32766  
 US**

2. Principal Place of Business

**2003 Via Tuscany**  
 Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 187**  
 Suite, Apt. #, etc.

City & State

**Winter Park, FL**

Zip  
**32789**

Country  
**USA**

City & State

**Winter Park, FL**

Zip  
**32790**

Country  
**USA**

4. FEI Number

**59-3450900**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BENHAM, BENJAMIN O.  
 2077 CURRYVILLE RD  
 CHULUOTA FL 32766**

7. Name and Address of New Registered Agent

Name **Benjamin O. Benham**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2003 Via Tuscany**  
 City **Winter Park** FL Zip Code **32789**

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 **Benjamin O. Benham** DATE **8/13/01**  
 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 \$550.00**  
**After September 12, 2001 Fee 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BENHAM, BENJAMIN O. 2077 CURRYVILLE RD CHULUOTA FL 32766 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS BENHAM, KATHLEEN M. 2077 CURRYVILLE RD CHULUOTA FL 32766 <input checked="" 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
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	DP Benjamin O. Benham 2003 Via Tuscany Winter Park, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS Kathleen M. Benham 2003 Via Tuscany Winter Park, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Benjamin O. Benham**  
 Signature and typed or printed name of signing officer or director

**8/13/01** **407/622-8829**  
 Date Daytime Phone #

CR2E034 (5/01)