

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90025 035 \*\*\*150.00

**DOCUMENT # P97000054719**

1. Entity Name

**CHIPOLA LAND AND DEVELOPMENT COMPANY**

Principal Place of Business

1371 MOCKINGBIRD RD  
 MARIANNA FL 32448

Mailing Address

1371 MOCKINGBIRD RD  
 MARIANNA FL 32448-7378

2. Principal Place of Business

4632-B Hwy 90 E

Suite, Apt. #, etc.

3. Mailing Address

Post Office Box 1564

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Marianna FL

City & State

Marianna FL

4. FEI Number

59-3453521

Applied For

Not Applicable

Zip

32446

Country

USA

Zip

32447

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

O'STEEN, J C  
 2900 PARK AVE E STE A  
 TALLAHASSEE FL 32301

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAPP, WALLY E 1371 MOCKINGBIRD RD MARIANA FL 32448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAPP, EDNA M 1371 MOCKINGBIRD RD MARIANA FL 32448 <input type="checkbox"/> Delete	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)(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:

*Wally E Sapp*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00  
 Date

850 482-5842  
 Daytime Phone #

CR2E034 (9/99)