

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084644

Entity Name  
CHRISHANS PROPERTIES, INC.

FILED  
Apr 27, 2000 8:00 am  
Secretary of State  
04-27-2000 90032 048 \*\*\*150.00

Principal Place of Business      Mailing Address  
HWY. A-1-A, UNIT 306      809 VAUCLAIN RD.  
BEACH FL 32963      BRYN MAWR PA 19010-2113

Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      65-0792371      Applied For  
Not Applicable  
5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
FENNELL, TODD W  
979 BEACHLAND BLVD.  
VERO BEACH FL 32963

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      Zip Code

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.      FILE NOW!!! FEE IS \$150.00      10. Election Campaign Financing      \$5.00 May Be Added to Fees  
(See criteria on back)      After MAY 1, 2000 Fee will be \$550.00      Trust Fund Contribution.  
Make Check Payable to Department of State

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D HANSON, MARTHA M 4601 HWY. A-1-A, UNIT 306 VERO BEACH FL 32963		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D HANSON, PETER S 4601 HWY. A-1-A, UNIT 306 VERO BEACH FL 32963		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE 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:      Peter S. Hanson      4/21/00      1610-525-4835  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)