## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P97000092273** Jan 19, 2000 8:00 am Secretary of State 1. Entity Name 🥂 C.H.I. PROPERTIES, INC. 01-19-2000 90275 037 \*\*\*150.00 Mailing Address Principal Place of Business 2665 N.E. 37TH DRIVE 2665 N.E. 37TH DRIVE FORT LAUDERDALE FL 33308-6324 FORT LAUDERDALE FL 33308 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0798838 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name-MILLSAPS, FRED R Street Address (P.O. Box Number is Not Acceptable) 2665 NE 37TH DRIVE FORT LAUDERDALE FL 33308 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DPT ☐ Addition Change TITLE ☐ Delete MILLSAPS, FRED R NAME NAME STREET ADDRESS STREET ADDRESS 2665 N.E. 37TH DRIVE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Addition ☐ Change ☐ Delete TITLE TITLE MILLSAPS, WALTER S NAME NAME STREET ADDRESS 1906 BELLE ANGELINE CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32223 🙇 Change TITLE Delete TITLE MILLSAPS, STEPHEN H ----NAME NAME ~ 2665 NE 37th Drive, STREET ADDRESS 5220 SPRING CREEK LANE STREET ADDRESS CITY-ST-ZIP Ft. Lauderdale, Fla 33308 CITY-ST-ZIP **DUNWOODY GA 30350** ☐ Change ☐ Addition ☐ Delete TITLE TITLE MILLSAPS, JUDITH G NAME NAME 2063 ST. ANDREWS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BERWYN PA 19312 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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

SIGNATURE:

SIGNATURE REQUIRED

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #