

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028681

1. Entity Name

Chalfont Assoc. Inc

Principal Place of Business

Mailing Address

9455 S.E. Federal Hwy  
Hobe Sound FL 33455

SAME

2. Principal Place of Business

9455 S.E. Fed Hwy

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

City & State

Zip

Country

33455

USA

Zip

Country

4. FEI Number

65-0885332

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

A0085814

6. Name and Address of Current Registered Agent

Scott Damberg (Director)  
5674 S.E. Orange Blossom Trail  
Hobe Sound FL 33455

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)

9-701

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, 2001 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

TITLE Director  
NAME Scott Damberg  
STREET ADDRESS 5674 S.E. Orange Blossom Tr.  
CITY-ST-ZIP Hobe Sound FL 33455

☐ Delete

TITLE Director  
NAME Rebecca Damberg  
STREET ADDRESS 5674 S.E. Orange Blossom Tr.  
CITY-ST-ZIP Hobe Sound FL 33455

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

Scott Damberg (Dir.) 9-7-01 (561) 546-3332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)