

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050263

1. Entity Name

CHESTNUT HILL TRANSPORTATION, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90004 019 ***158.75

Principal Place of Business

5449 SEMORAN BLVD., SUITE 12A
ORLANDO FL 32822

Mailing Address

5449 SEMORAN BLVD., SUITE 12A
ORLANDO FL 32822-1722

2. Principal Place of Business

5449 Semoran Blvd.

3. Mailing Address

5449 Semoran Blvd.

Suite, Apt. #, etc.

Suite 12a

Suite, Apt. #, etc.

Suite 12a

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32822

Country

USA

Zip

32822

Country

USA

4. FEI Number

59-3514956

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRATER, ROBERT A
2903 S. SEMORAN BLVD.
ORLANDO FL 32822

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

TITLE P
NAME PRATER, ROBERT A
STREET ADDRESS 2903 S. SEMORAN BLVD., APT. #185
CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete

TITLE VP
NAME LINARES, DONNA M
STREET ADDRESS 2903 S. SEMORAN BLVD., APT. #185
CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete

TITLE T
NAME GOTTO, JULIAU
STREET ADDRESS 4411 S. KIRKMAN, #1203
CITY-ST-ZIP ORLANDO FL 32811 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Prater, Robert A.
STREET ADDRESS 2903 S. Semoran Blvd. #185
CITY-ST-ZIP Orlando FL 32822 ☐ Change ☐ Addition **-Same-**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0419-00 407-816-9555

Date

Daytime Phone #

CR2E034 (9/99)