

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061667

1. Entity Name

M.D. CHAPMAN, INC.

**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**

09-07-2000 90040 013 \*\*\*550.00

Principal Place of Business

12813 PECONIC CT.  
 WELLINGTON FL 33414

Mailing Address

12813 PECONIC CT.  
 WELLINGTON FL 33414

80105288



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 STUART AVE

3. Mailing Address

500 STUART AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART FLORIDA

City & State

STUART FLORIDA

4. FEI Number

65-0849760

Applied For

Not Applicable

Zip

34994

Country

MARTIN

Zip

34994

Country

MARTIN

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CHAPMAN, MARY D  
 12813 PECONIC CT.  
 WELLINGTON FL 33414

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

*M D Chapman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-2-00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
 NAME D  
 STREET ADDRESS CHAPMAN, APRIL  
 CITY-ST-ZIP 1632 SHAKER CIR.  
 WELLINGTON FL 33414

TITLE ☐ Delete  
 NAME PT  
 STREET ADDRESS CHAPMAN, MARY D  
 CITY-ST-ZIP 12813 PECONIC CT.  
 WELLINGTON FL 33414

TITLE ☐ Delete  
 NAME S  
 STREET ADDRESS CHAPMAN, MISTY  
 CITY-ST-ZIP 16281 E. CALDER DR.  
 LOXAHATCHEE FL 33470

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
 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:

*M D Chapman* M.D. CHAPMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-2-00

Date

692-0160

Daytime Phone #

CFR2034 (5/00)