

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082061

1. Entity Name

OCCASIONS EVENT PLANNING SPECIALISTS, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90118 046 \*\*\*150.00

Principal Place of Business

747 SUNRISE DR  
EUSTIS FL 32726  
US

Mailing Address

PO BOX 425  
MT. DORA FL 32756-0425  
US

2. Principal Place of Business

1014 Juliette Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Mount Dora FL

City & State

Zip

32757

Country

USA

Zip

Country

4. FEI Number

59-3532705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHAPMAN, LISA R  
747 SUNRISE DR  
EUSTIS FL 32726

7. Name and Address of New Registered Agent

Name

Chapman, Lisa R

Street Address (P.O. Box Number is Not Acceptable)

1014 Juliette Blvd.

City

Mount Dora

FL

Zip Code

32757

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]* owner

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

(NOTE: Registered Agent signature required when reinstating)

3/30/00

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 \$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 DP ☐ Delete  
NAME CHAPMAN, LISA  
STREET ADDRESS 747 SUNRISE DR  
CITY-ST-ZIP EUSTIS FL 32726

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 DP ☒ Change ☐ Addition  
NAME Chapman, Lisa  
STREET ADDRESS 1014 Juliette Blvd.  
CITY-ST-ZIP Mount Dora, FL 32757

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  
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/30/00

Daytime Phone #

(352) 406-0916

CR2E034 (9/99)