

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102742

1. Entity Name

CHATHAM GROUP, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State
 01-27-2000 90064 034 ***150.00

Principal Place of Business

Mailing Address

3001 SANTEE PLACE
 JACKSONVILLE FL 32259

PO BOX 550539
 JACKSONVILLE FL 32255-0539

2. Principal Place of Business

2705 SHAWNEE WAY

3. Mailing Address

2705 SHAWNEE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL.

City & State

JACKSONVILLE, FL.

4. FEI Number

59-3570996

Applied For

Not Applicable

Zip

32259

Country

USA

Zip

32259

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HATHAWAY, RICHARD G
 10151 DEERWOOD PARK BLVD., BLDG. 100, #250
 JACKSONVILLE FL 32259

Name

PATRICK MURPHY

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

2705 SHAWNEE WAY

City

JACKSONVILLE

FL

Zip Code

32259

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

PATRICK T. MURPHY

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, PATRICK T	
STREET ADDRESS	3001 SANTEE PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCCUE, EDWARD R JR	
STREET ADDRESS	8035 BAYMEADOWS CIR EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK T. MURPHY	
STREET ADDRESS	2705 SHAWNEE WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

PATRICK T. MURPHY

01/20/00

904-287-4263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)