

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107315

1. Entity Name

O'NEILL CHAPIN, INC.

Principal Place of Business

200 EAST ROBINSON STREET #865
ORLANDO FL 32801
US

Mailing Address

200 EAST ROBINSON STREET #865
ORLANDO FL 32801
US

2. Principal Place of Business

2699 Lee Road

Suite, Apt. #, etc.

Suite 320

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Address

P.O. Box 608557

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32860-8557

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3550418

Applied For

Not Applicable

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

COOPER, MARK O

2699 Lee Road, Suite 320

Winter Park, FL 32789

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS COOPER, MARK O
CITY-ST-ZIP 2699 Lee Road, Suite 320
Winter Park, FL 32789

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS O'NEILL, JR, BERNARD C
CITY-ST-ZIP 2699 Lee Road, Suite 320
Winter Park, FL 32789

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

TITLE ☐ Delete
NAME T
STREET ADDRESS LIEBMAN, JOHN B
CITY-ST-ZIP 2699 Lee Road, Suite 320
Winter Park, FL 32789

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

MARK O. COOPER, President

4/12/01

407/647-9550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)