

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010247

1. Entity Name

CHIPOLA CONSULTING ASSOCIATES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 25 AM 8:29

Principal Place of Business

1310 RESCUE DR
ALFORD, FL 32420

Mailing Address

P.O. Box 6016
MARIANNA, FL 32447

2. Principal Place of Business

1310 RESCUE DR

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6016

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ALFORD, FL

City & State

MARIANNA, FL

4. FEI Number

59-3550810

Applied For

Not Applied For

Zip

32420

Country

US

Zip

32447

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NANCY L. JONES
1310 RESCUE DR
ALFORD, FL 32420

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 NANCY L. JONES

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

(NOTE: Registered Agent signature required when reinstating)

10-20-00

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 PSTD
NAME JONES, NANCY L.
STREET ADDRESS PO BOX 257
CITY-ST-ZIP ALFORD, FL 32420 ☐ Delete

TITLE VD
NAME MACLAIRD, DONALD G.
STREET ADDRESS P.O. Box 352
CITY-ST-ZIP MARIANNA, FL 32447 ☐ Delete

TITLE VD
NAME HERNDON, TODD
STREET ADDRESS P.O. Box 6016
CITY-ST-ZIP MARIANNA, FL 32447 ☒ Delete

TITLE VD
NAME KASEW, ALTON
STREET ADDRESS PO Box 6016
CITY-ST-ZIP MARIANNA, FL 32447 ☒ Delete

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 PSTD
NAME JONES, NANCY L.
STREET ADDRESS P.O. Box 6016
CITY-ST-ZIP MARIANNA, FL 32447 ☒ Change ☐ Addition

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: NANCY L. JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-00

Date

850-579-4132

Daytime Phone #

AD