

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020632

1. Entity Name

LINDA CHAFFEE INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90963 037 \*\*\*150.00

Principal Place of Business

Mailing Address

29 LAKE VIEW COURT  
MASCOTTE FL 34753

29 LAKE VIEW COURT  
MASCOTTE FL 34753-8808

2. Principal Place of Business

3. Mailing Address

2335 Knight Lake Rd  
Suite, Apt. #, etc.

2335 Knight Lake Rd  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State GROVELAND FL		City & State GROVELAND FL		4. FEI Number 59-3576618	Applied For <input type="checkbox"/> Not Applicable
Zip 34736	Country LAKE	Zip 34736	Country LAKE	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAFFEE, LINDA  
29 LAKE VIEW COURT  
MASCOTTE FL 34753

Name	
Street Address (P.O. Box Number is Not Acceptable) 2335 Knight Lake Rd	
City GROVELAND	FL Zip Code 34736

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 *Linda Chaffee* Linda Chaffee *Linda Chaffee* Linda Chaffee  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE 4-27-00

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 NAME STREET ADDRESS CITY-ST-ZIP	D CHAFFEE, LINDA 29 LAKE VIEW COURT MASCOTTE FL 34753 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Linda Chaffee* Linda Chaffee 4-27-00 352-365-2303  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Ext 356

CR2E034 (9/99)