

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022286

1. Entity Name

CHV PROPERTIES, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90058 046 ***150.00

Principal Place of Business

200 NORTH THORNTON AVE.
ORLANDO FL 32801

Mailing Address

200 NORTH THORNTON AVE.
ORLANDO FL 32801-2164

2. Principal Place of Business

4625 E LAKE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

4625 E LAKE DRIVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WINTER SPRINGS FL

City & State

WINTER SPRINGS FL

4. FEI Number

59-3563543

Applied For

Not Applicable

Zip

32708

Country

Seminole

Zip

32708

Country

Seminole

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, RANDALL C
200 NORTH THORNTON AVE.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

KATHLEEN S GREENE

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

4625 E LAKE DRIVE

City

WINTER SPRINGS

FL

Zip Code

32708

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.

RANDALL C
SMITH
SIGNATURE

[Signature]

KATHLEEN S GREENE
SECRETARY

KATHLEEN S GREENE

3/6/00

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

TITLE	PS	☒ Delete
NAME	KUEHN, MARJORIE G	
STREET ADDRESS	200 NORTH THORNTON AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
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	PRESIDENT, DIRECTOR	☒ Change	☒ Addition
NAME	CHARLES H. VEIGLE, SR.		
STREET ADDRESS	4625 E LAKE DRIVE		
CITY-ST-ZIP	WINTER SPRINGS FL 32708		
TITLE	Vice President	☐ Change	☒ Addition
NAME	CHARLES H. VEIGLE, JR.		
STREET ADDRESS	3202 HOLIDAY AVE		
CITY-ST-ZIP	APOPKA FL 32703		
TITLE	SECRETARY	☒ Change	☐ Addition
NAME	KATHLEEN S. GREENE		
STREET ADDRESS	4625 E LAKE DRIVE		
CITY-ST-ZIP	WINTER SPRINGS FL 32708		
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: *Charles H Veigle SR* *CHARLES H Veigle SR* 3/6/00 467 331 1004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)