

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034240

1. Entity Name

CHAUNCY'S, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90019 018 ***150.00

Principal Place of Business

4620 S.W. 64TH AVENUE
DAVIE FL 33314

Mailing Address

4620 S.W. 64TH AVENUE
DAVIE FL 33314

2. Principal Place of Business

7817 PINES BLVD
Suite, Apt. #, etc.
NA

3. Mailing Address

7817 PINES BLVD
Suite, Apt. #, etc.
NA



DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES FL

4. FEI Number

593597478

Applied For

Not Applicable

Zip

33024

Country

BROWARD

Zip

33024

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALTSCHUL, JOSEPH E ESQ.
2700 S. COMMERCE PARKWAY
SUITE 305
WESTON FL 33331

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

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 \$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 ☐ 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
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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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JOHN GARDNER
3902 LYNDSTON DR
COOPER CITY FL 33026

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

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

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN GARDNER

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
#PG9000034240
A0078896

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
TALLAHASSEE, FL. 32302-1500

Dear Sir:

Regarding my Corporation Filings Status, I only recently received the application. This was due to the fact that my business was forced to relocate to another location because Walgreen's Drug Stores purchased the property on which my former business was located.

Because of this relocation, we only now just received our mail, to include the enclosed application.

John Lawrence