

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90077 043 ***150.00

DOCUMENT # P99000043834

1. Entity Name

CHANCELLOR MORTGAGE & INVESTMENT SERVICES, INC.

Principal Place of Business

**10 CENTRAL PARKWAY STE. 315
STUART FL 34994**

Mailing Address

**10 CENTRAL PARKWAY STE. 315
STUART FL 34994**

2. Principal Place of Business

10 SE CENTRAL PKWY

Suite, Apt. #, etc.

307A

STUART FL

3. Mailing Address

10 SE CENTRAL PKWY

Suite, Apt. #, etc.

307A

STUART FL

Zip

34994

Country

USA

Zip

34994

Country

USA

6. Name and Address of Current Registered Agent

**COVEY, JAMES P
1111 S. FEDERAL HIGHWAY STE. 330
STUART FL 34994**

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 \$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

TITLE **D** ☐ Delete
NAME **SAVILL, GORDON A**
STREET ADDRESS **10 CENTRAL PARKWAY STE. 315**
CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☐ Delete
NAME **GADDIS, HERBERT C**
STREET ADDRESS **10 CENTRAL PARKWAY STE. 315**
CITY-ST-ZIP **STUART FL 34994**

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 **P/D** ☒ Change ☐ Addition
NAME **SAVILL, GORDON A.**
STREET ADDRESS **10 SE CENTRAL PKWY STE 307A**
CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☒ Change ☐ Addition
NAME **GADDIS, HERBERT C**
STREET ADDRESS **10 SE CENTRAL PKWY STE 307A**
CITY-ST-ZIP **STUART FL 34994**

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

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

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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:

Gordon A. Savill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

Date

13 APR '01 561.287.6120

Daytime Phone #

CR2E034 (10/00)