

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060544

1. Entity Name

CHAMBERS REALTY, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90127 001 ***150.00

01-26-2000 90127 002 *****8.75

Principal Place of Business

10011 NORTHWEST 39TH COURT
CORAL SPRINGS FL 33065

Mailing Address

10011 NORTHWEST 39TH COURT
CORAL SPRINGS FL 33065-1528

2. Principal Place of Business

10191 W. Sample Rd

Suite, Apt. #, etc.
211 A

City & State
Coral Springs FL

Zip
33065

Country
USA

3. Mailing Address

10191 W. Sample Rd

Suite, Apt. #, etc.
211 A

City & State
Coral Springs FL

Zip
33065

Country
USA



DO NOT WRITE IN THIS SPACE

4. Fee Number

65-0932598

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Robert J. Chambers

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

10011 NW 39 CT

City

Coral Springs

FL

Zip Code
33065

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]

Robert J. Chambers President

01/17/00

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 PSTD
NAME CHAMBERS, ROBERT J
STREET ADDRESS 10011 NORTHWEST 39TH COURT
CITY-ST-ZIP CORAL SPRINGS FL 33065

☐ Delete

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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] Robert J. Chambers

1/17/00 (954)234-0648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Phone #

CR2E034 (9/99)