

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072343

1. Entity Name

CHASE DEVELOPMENTS OF SOUTHWEST FLORIDA, INC.

**FILED**  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90134 002 \*\*\*150.00

Principal Place of Business

28000 SPANISH WELLS BLVD.  
BONITA SPRINGS FL 34135

Mailing Address

600 HWY 7 EAST  
STE 101  
RICHMOND HILL, ONT. CANADA L4B- 1B2

2. Principal Place of Business

3. Mailing Address

28000 SPANISH WELLS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BONITA SPRINGS FL

Zip

Country

Zip

Country

34135

4. FEI Number

APPLIED FOR

59-3598039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAWFORD, J. STEPHEN  
28000 SPANISH WELLS BLVD.  
BONITA SPRINGS FL 34135

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CHASE, DOREEN  
28000 SPANISH WELLS BLVD.  
BONITA SPRINGS FL 34135 ☐ Delete

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

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CITY-ST-ZIP  
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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:

Doreen Chase  
Doreen Chase

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-(905) 882-3128

CR2E034 (10/00)