

2000 UNIFORM BUSINESS REPORT (UBR)

4/11

FILED
May 16, 2000 8:00 am
Secretary of State

04-19-2000 90025 050 ***150.00

DOCUMENT # P9900Q094912

1. Entity Name

CHESAPEAKE INDIANA GENERAL CORP.

Principal Place of Business

Mailing Address

**600 CLEVELAND STREET
 SUITE 990
 CLEARWATER FL 33755**

**600 CLEVELAND STREET
 SUITE 990
 CLEARWATER FL 33755-4176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3606049

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FL. INC
 390 NORTH ORANGE AVENUE
 SUITE 1100
 ORLANDO FL 32801**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | REYNOLDS, CLIFFORD W | |
| STREET ADDRESS | 600 CLEVELAND STREET SUITE 990 | |
| CITY-ST-ZIP | CLEARWATER FL 33755 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | REYNOLDS, ELOISE | |
| STREET ADDRESS | 600 CLEVELAND STREET SUITE 990 | |
| CITY-ST-ZIP | CLEARWATER FL 33755 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LAIRD, ROBERT G | |
| STREET ADDRESS | 600 CLEVELAND STREET SUITE 990 | |
| CITY-ST-ZIP | CLEARWATER FL 33755 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 REQUIRED *Clifford W Reynolds 5-17-00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #