

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S00883

1. Entity Name

CHARIOTOAK, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90035 048 ***150.00

Principal Place of Business

% OSBURN HENNING & COMPANY
617 E. COLONIAL DRIVE
ORLANDO FL 32803

Mailing Address

% OSBURN HENNING & COMPANY
617 E. COLONIAL DRIVE
ORLANDO FL 32803-4602

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

59-3024688

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

KAPLAN, SAM
617 E COLONIAL DR.
ORLANDO FL 32803

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 VSTP ☐ Delete
NAME KAPLAN, SAMUEL
STREET ADDRESS 3936 S. SEMORAN BV B 275
CITY-ST-ZIP ORLANDO FL

TITLE VSTP ☒ Change ☐ Addition
NAME KAPLAN, SAMUEL
STREET ADDRESS 16214 SOUTH 41ST STREET
CITY-ST-ZIP PHOENIX, AZ 85048

TITLE D ☐ Delete
NAME DILL, DONALD
STREET ADDRESS 112 MAIN ST
CITY-ST-ZIP LANCASTER OH

TITLE D ☐ Change ☒ Addition
NAME ALAN KAPLAN
STREET ADDRESS 4411 E. CHANDLER BLVD. #1083
CITY-ST-ZIP PHOENIX, AZ 85048

TITLE D ☐ Delete
NAME KAPLAN, SAMUEL
STREET ADDRESS 3400 AVE OF THE ARTS E318
CITY-ST-ZIP COSTA MESA CA

TITLE D ☐ Change ☒ Addition
NAME BRIDGET BELL
STREET ADDRESS 16214 SOUTH 41ST STREET
CITY-ST-ZIP PHOENIX, AZ 85048

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Bridget Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1000

480 706-8710

Date

Daytime Phone #

CR2E034 (9/99)