

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S52883

1. Entity Name

CHELSEA PLANNERS, INC.

FILED

Mar 01, 2000 8:00 am  
Secretary of State

03-01-2000 90006 034 \*\*\*150.00

Principal Place of Business

Mailing Address

17170 HARBOUR PT. DR.  
ED CASSAVELL  
FT. MYERS FL 33908

17170 HARBOUR PT. DR.  
ED CASSAVELL  
FT. MYERS FL 33908-2774

2. Principal Place of Business

P.O. Box 2345  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2345  
Suite, Apt. #, etc.

City & State

CASHIERS, NC

Zip

28717

Country

City & State

CASHIERS, NC

Zip

28717

Country

4. FEI Number

65-0265027

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASSAVELL, EDWARD  
17170 HARBOUR PT. DR  
FT MYERS FL 33908

7. Name and Address of New Registered Agent

Name

EDWARD CASSAVELL

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

3512 DEL PRADO BLVD, SUITE 13

City

CAPE CORAL

FL

Zip Code

33904

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

*Edward Cassavell* EDWARD CASSAVELL

2/20/00

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	D	<input type="checkbox"/> Delete
NAME	CASSAVELL, EDWARD	
STREET ADDRESS	17170 HARBOUR POINT DR.	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASSAVELL, LOIS	
STREET ADDRESS	17170 HARBOUR POINT DR.	
CITY-ST-ZIP	FT-MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1761 SPRING FOREST RD.	
CITY-ST-ZIP	CASHIERS, NC 28717	
TITLE	SEC.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1761 SPRING FOREST RD.	
CITY-ST-ZIP	CASHIERS, NC 28717	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Edward Cassavell* EDWARD CASSAVELL

2/20/00

Date

888-743-3404

Daytime Phone #

CR2E034 (9/99)