

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90112 029 \*\*\*150.00

**DOCUMENT # F97953**

1. Entity Name

**CHRISHAWN ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

**MANASOTA INDUSTRIAL PARK  
 4693 19TH STREET COURT EAST  
 BRADENTON FL 34203**

**MANASOTA INDUSTRIAL PARK  
 4693 19TH STREET COURT EAST  
 BRADENTON FL 34203-3769**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**57-0694360**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CASO, GEORGE  
 307 69TH STREET, NW  
 BRADENTON FL 34209**

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 reinstalling)

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	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>ANGELI, LINDA</b>	
STREET ADDRESS	<b>5006 50TH AVE W</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34210</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>ANGELI, ALEXANDER</b>	
STREET ADDRESS	<b>5006 50TH AVE W</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34210</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>CASO, DONNA R</b>	
STREET ADDRESS	<b>307 69TH ST, NW</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> Delete
NAME	<b>CASO, GEORGE W</b>	
STREET ADDRESS	<b>307 69TH ST, NW</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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:  **Alexander Angeli**  
 President

1/21/2000 941/745-2254  
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)