

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725995

1. Entity Name

PORT RICHEY - HUDSON CHATER #1357 OF AMERICAN AS

FILED

00 APR -3 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 8253 HIXTON DR, PORT RICHEY FL 34668  
7800 VENICE DR, PORT RICHEY FL 34668

Mailing Address: 8253 HIXTON DR, PORT RICHEY FL 34668  
7800 VENICE DR, PORT RICHEY FL 34668



2. Principal Place of Business: 7800 VENICE DR.  
3. Mailing Address: 7800 VENICE DR.

212700900 FT 003 \$61.25  
DO NOT WRITE IN THIS SPACE

City & State: PORT RICHEY FL.  
Zip: 34668 Country: PASCO

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Zip: 34668 Country: PASCO

4. FEI Number: 23-7265395  
Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:  
MORGENSTERN, CLARA  
8253 HIXTON DR  
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent:  
Name: HAMMOND MERROLL C  
Street Address: 7800 VENICE DR.  
City: PORT RICHEY FL Zip Code: 34668

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: *Merroll C. Hammond*  
Signature, typed or printed name of registered agent and title if applicable.

MERROLL C. HAMMOND  
(NOTE: Registered Agent signature required when reinstating)

3/30/2000  
DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD	MORGENSTERN, CLARA	TITLE: PD	HAMMOND, MERROLL C
NAME: MORGENSTERN, CLARA	8253 HIXTON DR	NAME: HAMMOND, MERROLL C	7800 VENICE DRIVE
STREET ADDRESS: 8253 HIXTON DR	PORT RICHEY FL 34668	STREET ADDRESS: 7800 VENICE DRIVE	PORT RICHEY FL. 34668
CITY-ST-ZIP: PORT RICHEY FL 34668	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP: PORT RICHEY FL. 34668	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	HAMMOND, MERROLL C	TITLE: VD	MORGENSTERN, CLARA
NAME: HAMMOND, MERROLL C	7800 VENICE DRIVE	NAME: MORGENSTERN, CLARA	8253 HIXTON DR.
STREET ADDRESS: 7800 VENICE DRIVE	PORT RICHEY FL 34668	STREET ADDRESS: 8253 HIXTON DR.	PORT RICHEY FL. 34668
CITY-ST-ZIP: PORT RICHEY FL 34668	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP: PORT RICHEY FL. 34668	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD	HAMMOND, DOROTHY LORETTA	TITLE:	
NAME: HAMMOND, DOROTHY LORETTA	7800 VENICE DRIVE	NAME:	
STREET ADDRESS: 7800 VENICE DRIVE	PORT RICHEY FL 34667	STREET ADDRESS:	
CITY-ST-ZIP: PORT RICHEY FL 34667	<input type="checkbox"/> Delete	CITY-ST-ZIP:	
TITLE: TD	RECH, LOUISETTE	TITLE:	
NAME: RECH, LOUISETTE	16130 FROST DRIVE	NAME:	
STREET ADDRESS: 16130 FROST DRIVE	HUDSON FL 34667-4157	STREET ADDRESS:	
CITY-ST-ZIP: HUDSON FL 34667-4157	<input type="checkbox"/> Delete	CITY-ST-ZIP:	
TITLE: LEGISLATOR	FRED TORNOW	TITLE:	
NAME: FRED TORNOW	9204 BROOKER DRIVE	NAME:	
STREET ADDRESS: 9204 BROOKER DRIVE	NEW PORT RICHEY FL 34665	STREET ADDRESS:	
CITY-ST-ZIP: NEW PORT RICHEY FL 34665	<input type="checkbox"/> Delete	CITY-ST-ZIP:	
TITLE:		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature Provided*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/00 Date (727) 869-8153 Telephone #

CR2E037 (9/99)