

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90124 022 ****61.25

DOCUMENT # 726907

1. Entity Name
TAMARAC CHAPTER #1430 OF AMERICAN ASSOCIATION OF

Principal Place of Business Mailing Address

C/O THELMA ZIMBEROFF ZIMBEROFF, THELMA
 6190 WOODLANDS BLVD 6190 WOODLANDS BLVD
 TAMARAC FL 33351 TAMARAC FL 33351
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **23-7290154** 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

ZIMBEROFF, THELMA Name: ~~CLARA KNEPPAR~~
 6190 WOODLANDS BLVD Street Address (P.O. Box Number is Not Acceptable)
 TAMARAC FL 33319 **8109 HIBISCUS CIRCLE**

City **TAMARAC** FL Zip Code **33321**

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 CLARA KNEPPAR DATE 7-19-2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
 After September 13, 2000 min. will be \$236.25

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	ZIMBEROFF, THELMA 6190 WOODLANDS BLVD TAMARAC FL 33319	<input checked="" type="checkbox"/> Delete	TITLE PD CLARA KNEPPAR 8109 Hibiscus Circle TAMARAC FL 33321
TITLE VPD	KNEPPAR, CLARA 8109 HIBISCUS CIRCLE TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete	TITLE VPD Fern Katz 2635 SW 74th Terrace Davie FL
TITLE TP	LA MOTT, LENORE 7960 SUNRISE LAKES DR., W., BLDG 23, #306 SUNRISE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE SD	KRAMER, JEANNETTE 9623 N.W. 75 COURT TAMARAC FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: LENORE LA MOTT DATE 7/19/2000 DAYTIME PHONE # 954-749-0346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)