

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90028 037 ****61.25

DOCUMENT # 729484

1. Entity Name

SILVER SPRINGS SHORES CHAPTER #1662 OF AMERICAN

Principal Place of Business

Mailing Address

C/O MIRIAM ALRIDGE
 329 OAK TRACE COURSE
 Ocala FL 34472

C/O MIRIAM ALRIDGE
 329 OAK TRACE COURSE
 Ocala FL 34472

C/O MIRIAM ALRIDGE

2. Principal Place of Business

3. Mailing Address

C/O MIRIAM ALRIDGE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

329 OAK TRACK COURSE

City & State
OCALA FL

City & State
OCALA, FL

4. FEI Number
23-7379638

Applied For
 Not Applicable

Zip
34472

Country
MARION

Zip
34472

Country
MARION

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

SCHEDIN, CHRISTINE
329 OAK TRACE COURSE
OCALA FL 34472

Name
MIRIAM ALRIDGE

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

329 OAK TRACK COURSE

City
OCALA FL Zip Code
34472

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

Miriam Alridge

1-26-01

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

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
 NAME **P** MALLEY, LAWRENCE Delete
 STREET ADDRESS **9337 BAHIA ROAD**
 CITY-ST-ZIP **OCALA FL 34472**

TITLE
 NAME **P** MALLOY, LAWRENCE Change Addition
 STREET ADDRESS **9337 BAHIA RD**
 CITY-ST-ZIP **OCALA, FL 34472**

TITLE
 NAME **D** GOODROE, ONETA Delete
 STREET ADDRESS **8881 SE 90TH AVENUE ROAD**
 CITY-ST-ZIP **OCALA FL 34472**

TITLE
 NAME **D** GOODROE, ONETA Change Addition
 STREET ADDRESS **529 MIDWAY DRIVE**
 CITY-ST-ZIP **OCALA, FL 34472**

TITLE
 NAME **S** SCHEDIN, CHRISTINE Delete
 STREET ADDRESS **68 SAPPHIRE ROAD**
 CITY-ST-ZIP **OCALA FL**

TITLE
 NAME Change Addition

TITLE
 NAME **D** CIARALDI, MARIE Delete
 STREET ADDRESS **7 SILVER RD**
 CITY-ST-ZIP **OCALA FL 34472**

TITLE
 NAME **D** HUGHES, DOROTHY Change Addition
 STREET ADDRESS **61 HICKORY TRACK WAY**
 CITY-ST-ZIP **OCALA, FL 34472**

TITLE
 NAME **T** ALRIDGE, MIRIAM Delete
 STREET ADDRESS **329 OAK TRACK COURSE**
 CITY-ST-ZIP **OCALA FL 34472**

TITLE
 NAME Change Addition

TITLE
 NAME **D** KNIGHT, OSCAR Delete
 STREET ADDRESS **6 PECAN RUN TRACE**
 CITY-ST-ZIP **OCALA FL 34472**

TITLE
 NAME Change Addition

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:

Lawrence J. Malloy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/01

Date

352-6870670

Daytime Phone #

CFR2E037 (10/00)