

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90044 002 ****61.25

DOCUMENT # N06382

1. Entity Name

GOLDEN GATE AREA CHAPTER #3753 OF AMERICAN ASSOC

Principal Place of Business

Mailing Address

GOLDEN GATE COMMUNITY CENTER
 GOLDEN GATE FL 34116
 US

4820 32ND AVE SW
 NAPLES FL 34116-8110
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

59-2425583

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name

Scott L. French

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

4181-30th Ave SW

City

Naples

FL

Zip Code

34116

~~LOCKER, ROBERT
 4820 32ND AVE, SW
 GOLDEN GATE FL 34116~~

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

Scott L French

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 7, 2000

**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

TITLE	P	<input type="checkbox"/> Delete
NAME	TILL, GENEVA	
STREET ADDRESS	2040 44TH ST. SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELLBORN, SAM	
STREET ADDRESS	815 NURSERY LN	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PORKS, PAT	
STREET ADDRESS	3000 41 ST.SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LOCKER, BOB	
STREET ADDRESS	4820 32ND AVE SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	S	<input type="checkbox"/> Delete
NAME	PARTINGTON, BARBARA	
STREET ADDRESS	4415 23RD PL SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEINYOCK, BETTY	
STREET ADDRESS	2630 9TH ST. B21	
CITY-ST-ZIP	NAPLES FL 34103	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Ferguson	
STREET ADDRESS	2877 Van Buren Ave.	
CITY-ST-ZIP	Naples, FL 34112	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott L. French	
STREET ADDRESS	4181-30th Ave SW	
CITY-ST-ZIP	Naples, FL 34116	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donna Locker	
STREET ADDRESS	4820 32nd Ave SW	
CITY-ST-ZIP	Naples, FL 34116	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Scott L French
 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00

941-455-5789

Daytime Phone #