

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

01-31-2001 90316 024 \*\*\*\*61.25

**DOCUMENT # N06382**

1. Entity Name

**GOLDEN GATE AREA CHAPTER #3753 OF AMERICAN ASSOC**

Principal Place of Business

**GOLDEN GATE COMMUNITY CENTER  
 GOLDEN GATE FL 34116  
 US**

Mailing Address

**4181-30TH AVE SW  
 NAPLES FL 34116  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2425583**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FRENCH, SCOTT L  
 4181-30TH AVE SW  
 NAPLES FL 34116**

7. Name and Address of New Registered Agent

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 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	<b>P</b> TILL, GENEVA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2040 44TH ST. SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE NAME	<b>D</b> WELLBORN, SAM	<input type="checkbox"/> Delete
STREET ADDRESS	815 NURSERY LN	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE NAME	<b>D</b> FERGUSON, TOM	<input type="checkbox"/> Delete
STREET ADDRESS	2877 VAN BUREN AVE	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE NAME	<b>T</b> FRENCH, SCOTT L	<input type="checkbox"/> Delete
STREET ADDRESS	4181-30TH AVE SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE NAME	<b>S</b> PARTINGTON, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	4415 23RD PL SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE NAME	<b>D</b> LOCKER, DONNA	<input type="checkbox"/> Delete
STREET ADDRESS	4820 32ND AVE SW	
CITY-ST-ZIP	NAPLES FL 34116	

TITLE NAME	<b>P</b> Wright, Robert	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	173 Pebble Beach Cir.	
CITY-ST-ZIP	Naples, FL, 34113	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Scott L. French* **SCOTT L. FRENCH** Jan 26, 01 941-455  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)