

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31610

1. Entity Name

OAK RUN-OCALA CHAPTER #4374 OF AMERICAN ASSOCIAT

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90187 027 ****61.25

Principal Place of Business

Mailing Address

8987 SW 108 PL
 Ocala FL 34481

8987 SW 108 PL
 Ocala FL 34481-5334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-3069719

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MALFA, GRACE P
8987 SW 108TH PL
OCALA FL 34481

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 Delete
 NAME **PD MALFA, GRACE P**
 STREET ADDRESS **8987 SW 108 PL**
 CITY-ST-ZIP **OCALA FL 34481**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S CLARK, RUTH**
 STREET ADDRESS **8449 SW 108 PL**
 CITY-ST-ZIP **OCALA FL 34481**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BRUNO, ANTHONY "TONY"**
 STREET ADDRESS **8371 S. W. 108TH PLACE**
 CITY-ST-ZIP **OCALA FL 34481**

TITLE Change Addition
 NAME **DIRECTOR**
 STREET ADDRESS **JOHN WEISS**
 CITY-ST-ZIP **8006 SW 115 LOOP**
OCALA, FLA 34476

TITLE Delete
 NAME **T PIZZIMENTI, SUSAN**
 STREET ADDRESS **9072 SW 109 LANE**
 CITY-ST-ZIP **OCALA FL 34481**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP PRESCOTT, DON**
 STREET ADDRESS **8186 SW 108TH ST**
 CITY-ST-ZIP **OCALA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MULLER, WILLIAM**
 STREET ADDRESS **8777 SW 116TH PL RD**
 CITY-ST-ZIP **OCALA FL**

TITLE Change Addition
 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: GRACE P. MALFA 3/15/00 352-854-6074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)