

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-18-2000 90104 047 ****61.25

DOCUMENT # N96000006231

1. Entity Name

ABIGAIL BARTHOLOMEW CHAPTER, DAUGHTERS OF THE AM

| | |
|---|--|
| Principal Place of Business %MARY ALICE COUNCIL 103 ALANWOOD DR ORMOND BEACH FL 32174 | Mailing Address %MARY ALICE COUNCIL 103 ALANWOOD DR ORMOND BEACH FL 32174-4605 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 59-6153545 | Applied For <input type="checkbox"/> | Not Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

| | | | |
|--|--|--|-------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE DAYTONA BEACH FL 32114 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|-------------------------------------|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | COUNCIL, MARY ALICE | | NAME | | |
| STREET ADDRESS | 103 ALANWOOD DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BABB, MARY | | NAME | | |
| STREET ADDRESS | 66 OAK-IN-THE WOOD | | STREET ADDRESS | | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32119 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BUCKMAN, MARY | | NAME | | |
| STREET ADDRESS | 16 CEDAR IN THE WOOD | | STREET ADDRESS | | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32119 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LUNDE, BARBARA | | NAME | | |
| STREET ADDRESS | 39 PINE IN THE WOODS | | STREET ADDRESS | | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32119 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | JAMES, ANNE | | NAME | | |
| STREET ADDRESS | 4856 SAILFISH DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | PONCE INLET FL 32127 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: *[Signature]* **SIGNATURE REQUIRED** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4 Jan 2000** **904-672-2217**
 Date Daytime Phone #