

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90068 021 ****61.25

DOCUMENT # N98000005724

1. Entity Name

CENTRAL FLORIDA CHAPTER OF AMERICAN SOCIETY OF H

Principal Place of Business

Mailing Address

WANDA CLASSE
3319 MAGUIRE BLVD#155
ORLANDO FL 32803

WANDA CLASSE
3319 MAGUIRE BLVD#155
ORLANDO FL 32803-3766



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

59-3536419

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Wanda Classe

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

3319 Maguire Blvd. Suite 155

City

Orlando

FL

Zip Code
32803

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

Wanda Classe

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD**
EDER, KELVIN L
 STREET ADDRESS **9282 LAKE SHARE COURT**
 CITY-ST-ZIP **ORLANDO FL 32517**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD**
NELSON, JOHN
 STREET ADDRESS **9282 LAKE SHARE COURT**
 CITY-ST-ZIP **ORLANDO FL 32517**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
MURPHY, JAMES A
 STREET ADDRESS **9282 LAKE SHARE COURT**
 CITY-ST-ZIP **ORLANDO FL 32517**

TITLE Change Addition
 NAME
 STREET ADDRESS **280 Dirksen Drive**
 CITY-ST-ZIP **Debary, FL 32713**

TITLE Delete
 NAME **D**
GOLDBERG, HENRY
 STREET ADDRESS **9282 LAKE SHARE COURT**
 CITY-ST-ZIP **ORLANDO FL 32517**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 empowerments.

SIGNATURE:

Kelvin L. Eder
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelvin L. Eder 1-11-2000 (407) 352-5666

Date

Daytime Phone #

CR2E037 (9/99)