

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90071 001 ****61.25

DOCUMENT # 705296

1. Entity Name

DUNEDIN CHAPTER 46 OF THE AMERICAN ASSOCIATION O

Principal Place of Business

Mailing Address

3050 POINTER DR
 C/O GLORIA DUNN
 PALM HARBOR FL 34683
 US

3050 POINTER DR
 C/O GLORIA DUNN
 PALM HARBOR FL 34683
 US

00021300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

138D Hunter Lake Drive

3. Mailing Address

138D Hunter Lake Drive

Suite, Apt. #, etc.

C/O Dorothy Bourdon

Suite, Apt. #, etc.

C/O Dorothy Bourdon

City & State

Oldsmar, FL

City & State

Oldsmar, FL

4. FEI Number

59-6209758

Applied For

Not Applicable

Zip

34677

Country

Pinellas

Zip

34677

Country

Pinellas

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MONROE, MILDRED
 1571 SANTA MONICA DR.
 DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name

Dorothy Bourdon

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

138D Hunter Lake Drive

City

Oldsmar

FL

Zip Code

34677

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 *Dorothy Bourdon*
Dorothy Bourdon

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

(NOTE: Registered Agent signature required when reinstating)

2-3-01

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DUNN, GLORIA	
STREET ADDRESS	3050 POINTER DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DEMEIS, JOSEPH	
STREET ADDRESS	2460 NORTHSIDE DRIVE STE 150	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOURDON, DONALD	
STREET ADDRESS	138-D HUNTER LAKE DR	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	T	<input type="checkbox"/> Delete
NAME	CROWLEY, WALTER J	
STREET ADDRESS	29081 US HIGHWAY 19N, LOT 87	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWANSON, HILDA	
STREET ADDRESS	986 SAN SALVADOR DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEMEIS, JOSEPH	
STREET ADDRESS	2460 NORTHSIDE DRIVE STE 150	
CITY-ST-ZIP	CLEARWATER FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bourdon, Dorothy	
STREET ADDRESS	138D Hunter Lake Drive	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Demeis, Janet	
STREET ADDRESS	2460 Northside Drive, Ste 150	
CITY-ST-ZIP	Clearwater, FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alice O'Neil	
STREET ADDRESS	2700 Bayshore Blvd #5204	
CITY-ST-ZIP	Dunedin, FL 34698	

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: *Dorothy Bourdon*
Dorothy Bourdon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-01 813-855-0603

Date

Daytime Phone #

CR2E037 (10/00)