

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90112 025 ****61.25

DOCUMENT # 707349

1. Entity Name

FLORIDA GULF COAST CHAPTER, INC., THE AMERICAN I

Principal Place of Business

Mailing Address

P O BOX 48986
 SARASOTA FL 34230-2986
 US

PO BOX 48986
 SARASOTA FL 34230-5986
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0137706

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

KUYKENDALL, CHARLES E
227 CENTRAL AVE
SARASOTA FL 34236

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 **T**
 STREET ADDRESS **CARLSON, MICHAEL R A/A**
 CITY-ST-ZIP **330 S PINEAPPLE AVE #204**
SARASOTA FL 34236

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **PARKS, DALE S A**
 CITY-ST-ZIP **330 S PINEAPPLE AVE #204**
SARASOTA FL 34236

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **P**
 STREET ADDRESS **STEUBER, ROBERT A1A**
 CITY-ST-ZIP **1630 MORRILL ST**
SARASOTA FL 34236

TITLE ☒ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **Todd Sweet**
 CITY-ST-ZIP **2051 Main ST.**
Sarasota, FL 34236

TITLE ☒ Delete
 NAME **VP**
 STREET ADDRESS **HOLLADAY, SAMUEL C A**
 CITY-ST-ZIP **325 CENTRAL AVE**
SARASOTA FL 34236

TITLE ☒ Change ☐ Addition
 NAME **VP**
 STREET ADDRESS **BUD STONE**
 CITY-ST-ZIP **2051 Main ST.**
Sarasota, FL 34236

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **GARFINKEL, RICHARD M A/A**
 CITY-ST-ZIP **2289 57TH ST**
SARASOTA FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **SD**
 STREET ADDRESS **SMITH, MARK**
 CITY-ST-ZIP **5562 CAPE AQUA DR**
SARASOTA FL

TITLE ☒ Change ☐ Addition
 NAME **SD**
 STREET ADDRESS **Javier Suarez**
 CITY-ST-ZIP **149 Coconut Ave**
Sarasota, FL 34236

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:

MICHAEL R. Carlson

4/2/00

941-362-4312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 21 03/7/99