

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711590

1. Entity Name

LEON COUNTY CHAPTER #376 OF AMERICAN ASSOCIATION

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90139 038 ****61.25

Principal Place of Business

Mailing Address

1400 N MONROE ST
TALLAHASSEE FL 32303
US

1400 N MONROE ST
TALLAHASSEE FL 32303-5529
US

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

23-7150381

Applied For

Not Applicable

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

BRENNER, MARJORIE M
5037 STANWOOD CT
TALLAHASSEE FL 32311

Name

Patti Cook

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

4740 Marseilles Blvd.

Tallahassee FL 32303-3139

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

Patti Cook

04-19-00

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 VD
STREET ADDRESS MULLEN, PHYLLIS M
CITY-ST-ZIP 1744 BISCAY BLVD
TALLAHASSEE FL 32303

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

TITLE ☒ Delete
NAME PD
STREET ADDRESS BRENNER, MARJORIE M
CITY-ST-ZIP 5037 STANWOOD CT
TALLAHASSEE FL 32311

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS COOK, PATTI
CITY-ST-ZIP 4748 MARSEILLES BLVD
TALLAHASSEE FL 32303

TITLE ☒ Change ☐ Addition
NAME PD
STREET ADDRESS Patti Cook
CITY-ST-ZIP 4740, Marseilles Blvd.
Tallahassee FL 32303-3139

TITLE ☐ Delete
NAME TD
STREET ADDRESS STILES, FRANCES
CITY-ST-ZIP 2205 TANGLRWOOD TERR
TALLAHASSEE FL 32303

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME SD
STREET ADDRESS Phifer, Gregg
CITY-ST-ZIP 1584 Marion Avenue
Tallahassee FL 32303

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 empowered.

SIGNATURE:

Patti Cook
USE REQUIRED

04-19-00

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)