

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711819

1. Entity Name

LAKELAND CHAPTER #200 OF AMERICAN ASSOCIATION OF

Principal Place of Business

Mailing Address

WIDEN, JUANITA  
524 CAROLE ST  
LAKELAND FL 33803-804  
US

WIDEN, JUANITA  
524 CAROLE ST  
LAKELAND FL 33803-3804  
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

59-6194167

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

WIDEN, JUANITA  
524 CAROLE ST  
LAKELAND FL 33803

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	PD	<input type="checkbox"/> Delete
NAME	WIDEN, JUANITA	
STREET ADDRESS	524 CAROLE ST	
CITY-ST-ZIP	LAKELAND FL 33803-3804	
TITLE	V	<input type="checkbox"/> Delete
NAME	BEALEFIELD, SARAH	
STREET ADDRESS	839 FAIRWAY AVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	S	<input type="checkbox"/> Delete
NAME	JEWELL, WILDA	
STREET ADDRESS	944 REYNOLDS RD, LOT 94	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, NATALIE	
STREET ADDRESS	6341 CEDAR LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONALD MICKLEWRIGHT	
STREET ADDRESS	2015 CHARNES CT	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROLFE, ARLEE C	
STREET ADDRESS	227 WEST OAK DR	
CITY-ST-ZIP	LAKELAND FL 33803	

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: ARLEE C. ROLFE, Treas. 2/23/00 18631682-2448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED  
Mar 03, 2000 8:00 am  
Secretary of State

03-03-2000 90230 043 \*\*\*\*61.25