

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90074 012 ****61.25

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 33803-804
 US

2. Principal Place of Business

3. Mailing Address

MARILYN ANDERSON

MARILYN ANDERSON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2509 McCRANIE PLACE

2509 McCRANIE PLACE

City & State

City & State

LAKELAND, FL

LAKELAND, FL

Zip

Country

Zip

Country

33801

POLK

33801

POLK

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

MARILYN ANDERSON

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

2509 McCRANIE PLACE

City

LAKELAND

FL

Zip Code

33801

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 *Marilyn Anderson* - PRESIDENT - MARILYN ANDERSON 2-14-01

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 checked="" 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 checked="" type="checkbox"/> Delete
NAME	GRIFFIN, NATALIE	
STREET ADDRESS	6341 CEDAR LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DONALD MICKLEWRIGHT	
STREET ADDRESS	2015 CHARNES CT	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROLFE, ARLEE C	
STREET ADDRESS	227 WEST OAK DR	
CITY-ST-ZIP	LAKELAND FL 33803	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARILYN ANDERSON	
STREET ADDRESS	2509 McCRANIE PLACE	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHYLLIS P. DIXON	
STREET ADDRESS	204 E. POINSETTIA ST.	
CITY-ST-ZIP	LAKELAND, FL 33803	

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 *Phyllis P. Dixon* PHYLLIS P. DIXON 2-14-01 863-683-0956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)