

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90038 004 ****61.25

DOCUMENT # 714973

1. Entity Name

DAYTONA BEACH AREA CHAPTER #386 OF AMERICAN ASSO

Principal Place of Business

Mailing Address

160 NO. BEACH ST.
 DAYTONA BEACH FL 32115
 US

P.O. BOX 1790
 DAYTONA BEACH FL 32115-1790

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

23-7120281

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

WALLS, MARILYN
45 RIVERDUNES DR.
DAYTONA BEACH FL 32118

Name

~~BETTY D. BECK~~

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

1302 SAN JOSE BOULEVARD

City

HOLLY HILL,

FL

Zip Code
32117

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

Betty D. Beck

BETTY D. BECK, TREASURER

2-4-00

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 **PD** Delete
 NAME **TINKOFF, L. BARRY**
 STREET ADDRESS **152 LOON CT.**
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE **P/D** Change Addition
 NAME **RAY EVON**
 STREET ADDRESS **113 WOOD IBIS COURT**
 CITY-ST-ZIP **DAYTONA BEACH, FL 32119**

TITLE **VD** Delete
 NAME **WALLS, MARILYN**
 STREET ADDRESS **45 RIVER DUNES DR.**
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **V/D** Change Addition
 NAME **IRENE PETERS**
 STREET ADDRESS **524 PELICAN BAY DRIVE**
 CITY-ST-ZIP **DAYTONA BEACH, FL 32119**

TITLE **TD** Delete
 NAME **BEYER, GEORGE**
 STREET ADDRESS **200 HARPERS FERRY DR.**
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **T/D** Change Addition
 NAME **BETTY D. BECK**
 STREET ADDRESS **1302 SAN JOSE BOULEVARD**
 CITY-ST-ZIP **HOLLY HILL, FL 32117**

TITLE **SD** Delete
 NAME **BRYANT, KAREN**
 STREET ADDRESS **754 RIVER OAK DR.**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **S/D** Change Addition
 NAME **BARBARA GILBERT**
 STREET ADDRESS **11 COACHMAN COURT**
 CITY-ST-ZIP **DAYTONA BEACH, FL 32119**

TITLE **CD** Delete
 NAME **DAVIS, CALVERT**
 STREET ADDRESS **101 BRYAR CREEK CIR.**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **D** Change Addition
 NAME **CALVERT DAVIS**
 STREET ADDRESS **101 BRYAR CREEK CIRCLE**
 CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **D** Delete
 NAME **CHRISTENSEN, ELSIE**
 STREET ADDRESS **45 RIVER DUNES DR.**
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **D** Change Addition
 NAME **FLORA EVON**
 STREET ADDRESS **113 WOOD IBIS COURT**
 CITY-ST-ZIP **DAYTONA BEACH, FL 32119**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Betty D. Beck **REQUIRED**

BETTY D. BECK, TREASURER 2-4-00

904-253-7237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)