

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723213

1. Entity Name

SEMINOLE CHAPTER #936 OF AMERICAN ASSOCIATION OF

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

01-24-2000 90105 039 ****61.25

Principal Place of Business

Mailing Address

C/O KINNEY MARGIE ANN
131 BLUFFVIEW DR #105
BELLEAIR BLUFFS FL 33770 -1331
US

C/O KINNEY MARGIE ANN
131 BLUFFVIEW DR #105
BELLEAIR BLUFFS FL 33770-1331
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

23-7178005

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

KINNEY, MARGIEANN
131 BLUFFVIEW DR. #105
BELLEAIR BLUFFS FL 33770

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 VPD ☐ Delete
NAME ADKINS, SUSAN
STREET ADDRESS 2131 RIDGE RD #62
CITY-ST-ZIP LARGO FL 33778

TITLE ☐ Change ☐ Addition
NAME KINNEY, MARGIEANN
STREET ADDRESS 131 BLUFFVIEW DRIVE #105
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770

TITLE PD ☐ Delete
NAME KENNEY, MARGIEANN
STREET ADDRESS 131 BLUFFVIEW DRIVE #105
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770

TITLE ☐ Change ☐ Addition
NAME KINNEY, MARGIEANN
STREET ADDRESS 131 BLUFFVIEW DRIVE #105
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770

TITLE SD ☐ Delete
NAME GREWELL, CLARA
STREET ADDRESS 2131 RIDGE ROAD #53
CITY-ST-ZIP LARGO FL 33778

TITLE ☐ Change ☐ Addition
NAME GREWELL, CLARA
STREET ADDRESS 2131 RIDGE ROAD #53
CITY-ST-ZIP LARGO FL 33778

TITLE TD ☐ Delete
NAME SASSON, MARY
STREET ADDRESS 2525 W. BAY DRIVE C-34 5015
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770

TITLE ☐ Change ☐ Addition
NAME M-CARRON, SHIRLEY
STREET ADDRESS 5015 BLVD. - Lot #131
CITY-ST-ZIP SAINT PETERSBURG, FL 33708

TITLE D ☐ Delete
NAME LEE, EDNA
STREET ADDRESS 11427 116TH LANE NORTH
CITY-ST-ZIP SEMINOLE FL 33772

TITLE ☐ Change ☐ Addition
NAME LEE, EDNA
STREET ADDRESS 11427 116TH LANE NORTH
CITY-ST-ZIP SEMINOLE FL 33772

TITLE D ☐ Delete
NAME BURKE, ELSIE
STREET ADDRESS 2131 RIDGE ROAD #108
CITY-ST-ZIP LARGO FL 33778

TITLE ☐ Change ☐ Addition
NAME BURKE, ELSIE
STREET ADDRESS 2131 RIDGE ROAD #108
CITY-ST-ZIP LARGO FL 33778

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGIEANN

KINNEY 1/11/2000 (727) 581-2571

Date

Daytime Phone #