## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 15, 2000 8:00 am Secretary of State **DOCUMENT # 723641** 1. Entity Name SPRING HILL CHAPTER #1026 OF AMERICAN ASSOCIATIO 05-15-2000 90170 024 \*\*\*\*70 00 Principal Place of Business Mailing Address 4007 SUGARFOOT DR. 4007 SUGARFOOT DR. SPRING HILL FL 34606 SPRING HILL FL 34606-2588 2. Principal Place of Business 3. Mailing Address 7333 GATES DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 23-7175272 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ABDO, MARYELLEN P 7432 ALLEN DRIVE **BROOKSVILLE FL 34613** City 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 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DP TITLE Delete TITLE MATTINGLY, STEVE Change ☐ Addition NAME KING, JANE NAME 7333 GATES CIRCLE SPRING Hill, FL 34606 STREET ADDRESS STREET ADDRESS 4007 SUGARFOOT DR. CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34606 TITI F M Delete TITLE Change 7 Addition INPANTE, RICHARD NAME MATTINGLY, STEVE NAME 2017 ESCODAR AVE STREET ADDRESS STREET ADDRESS 7333 GATES CIRCLE SPRING HILL, FL 34608 CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34606 Change TITLE NT ☐ Delete TITLE ☐ Addition NAME ABDO, MARYELLEN NAME STREET ADDRESS STREET ADDRESS 7432 ALLEN DRIVE CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34613** MATTINGLY, DONNA 1333 GATES CIRCLE SPRING HIll, FL 34 Delete Change TITLE TITLE Addition NAME MATTHEWS, TERRY NAME STREET ADDRESS STREET ADDRESS 9215 LIBERATOR CT. CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34608 Delete Change TITLE TITLE ☐ Addition NAME MATTINGLY, DONNA NAME STREET ADDRESS 7333 GATES CIRCLE STREET ADDRESS 34606 CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34606 TITLE X Delete Change Addition STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NDDO 4-28

596-2046 Daytime Phone #

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