

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723977

1. Entity Name

JACKSONVILLE-ARLINGTON CHAPTER #1089 OF AMERICAN

Principal Place of Business

5000 SAN JOSE BLVD.
156
JACKSONVILLE FL 32207
US

Mailing Address

5000 SAN JOSE BLVD.
156
JACKSONVILLE FL 32207
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 APR -2 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/16/01 90052-037-61-25
DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7191215

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

CHASE, MARIE
5000 SAN JOSE BLVD.
156
JACKSONVILLE FL 32207

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	D	☐ Delete
NAME	HOEL, PAULINE	
STREET ADDRESS	1015 IBIS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VP	☒ Delete
NAME	DWYER, ROSEMARY	
STREET ADDRESS	339 BRUNSWICK ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	P	☒ Delete
NAME	SMITH, HAROLD	
STREET ADDRESS	1330 BELLEMEADE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	☒ Delete
NAME	HOEL, WENDELL	
STREET ADDRESS	1015 IBIS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	☐ Delete
NAME	WILLIAM, KIMAK	
STREET ADDRESS	560 BAY RIDGE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	T	☒ Delete
NAME	CHASE, MARIE	
STREET ADDRESS	5000 SAN JOSE BLVD., # 156	
CITY-ST-ZIP	JACKSONVILLE FL 32211	

TITLE	P	☒ Change ☐ Addition
NAME	DWYER, ROSEMARY	
STREET ADDRESS	339 BRUNSWICK ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207-8917	
TITLE	VP	☐ Change ☒ Addition
NAME	FIDDLER, BOB	
STREET ADDRESS	2641 UNIVERSITY BLVD N. # H102	
CITY-ST-ZIP	JACKSONVILLE, FL 32211-8304	
TITLE	S	☐ Change ☒ Addition
NAME	EXUM, VIRGINIA	
STREET ADDRESS	8424 EATON AVE.	
CITY-ST-ZIP	JACKSONVILLE, FL 32211-9628	
TITLE	D	☐ Change ☒ Addition
NAME	SHAFFER, PAULINE	
STREET ADDRESS	2103 GLEN GARDNER DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	T	☒ Change ☐ Addition
NAME	CHASE, MARIE	
STREET ADDRESS	5000 SAN JOSE BLVD #156	
CITY-ST-ZIP	JACKSONVILLE, FL 32207-7635	
TITLE		☐ Change ☐ 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:

Marie Chase

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2001 904-448-5017

Date

Daytime Phone #

CR2E037 (10/00)