

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90017 036 ****61.25

DOCUMENT # 725721

1. Entity Name

BAREFOOT BAY CHAPTER# 1263 OF AMERICAN ASSOCIATI

Principal Place of Business

Mailing Address

500 N. SEAGULL CIRCLE
 BAREFOOT BAY FL 32976
 US

500 N. SEAGULL CIRCLE
 BAREFOOT BAY FL 32976-7371
 US

2. Principal Place of Business

943 Frangi Pani Drive
 Suite, Apt. #, etc.

3. Mailing Address

943 Frangi Pani Drive
 Suite, Apt. #, etc.

City & State

Barefoot Bay, FL

City & State

Barefoot Bay, FL

4. FEI Number

23-7247816

Applied For

Not Applicable

Zip

32976

Country

USA

Zip

32976

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BANKS, MARGIE J
 500 N. SEAGULL CIRCLE
 BAREFOOT BAY FL 32976

7. Name and Address of New Registered Agent

Name
Frederick Van Wort
 Street Address (P.O. Box Number is Not Acceptable)
943 Frangi Pani Drive
 City
Barefoot Bay FL Zip Code
32976

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 *Frederick Van Wort*
 Signature, typed or printed name of registered agent and title if applicable.

4/3/2000
 DATE

(NOTE: Registered Agent signature required when reinstating)

**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

TITLE	TD	<input type="checkbox"/> Delete
NAME	LONG, RUTH F	
STREET ADDRESS	1256 N. BAREFOOT CIRCLE	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREELEY, BEVERLY	
STREET ADDRESS	710 E LARK DRIVE	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ARNOLD, JUNE	
STREET ADDRESS	323 AVOCADO DRIVE	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPAIN, WINNIFRED	
STREET ADDRESS	708 FIR	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1009 W. Robin Drive	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walt Hammers	
STREET ADDRESS	1139 N. Waterway Drive	
CITY-ST-ZIP	Barefoot Bay, FL 32976	
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		

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: *Ruth F. Long* (Signature and Typed or Printed Name of Signing Officer or Director) **Ruth F. Long** 4/3/2000 561-664-4193
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE