2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725887

1. Entity Name

ENGLEWOOD, FLA. CHAPTER #1344 OF AMERICAN ASSOCI

FILED
Feb 04, 2000 8:00 am
Secretary of State
02-04-2000 90020 020 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ANN TOMLINSON 872 EAST 5TH STREET ENGLEWOOD FL 34223 US	ANN TOMLINSON 872 EAST 5TH STREET ENGLEWOOD FL 34223-4411 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 23-7261647 ☐ 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
LANG, JOAN L. 20088 TAPPAN ZEE DR. PORT CHARLOTTE FL 33952	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 Joan L Lang
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MONAGHAN, MARION 700 CURTIS BLVD ENGLEWOOD FL	☑ Delete	P.D. MARY LOTT 2555 North Beach Rd ENGLEWOOD FL 34223	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HAVERLACK, IRENE 1015 MONTANA AVE. ENGLEWOOD FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TTR TOMLINSON, ANN 872 EAST 5 ST ENGLEWOOD FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STR EDES, DOROTHY 1575 BARBARA PL ENGLEWOOD FL	☐ Delete	STR HELEN JASIN 12356 KNOLLAND TERRACE Pt. CHARLOTTE, FL 33981	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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: Joan L Lang SIGNATURE REQUIRED 1/27/2000 941-474-5822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #