

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726430

1. Entity Name

VERO BEACH CHAPTER # 1406 OF AMERICAN ASSOCIATIO

Principal Place of Business

Mailing Address

PO BOX 6702
VERO BCH FL 32961-6702

PO BOX 6702
VERO BCH FL 32961-6702

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 23-7273284

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

TAYLOR, HARRY C
712 DATE PALM DRIVE
VERO BEACH FL 32963

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

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DAWN	
STREET ADDRESS	5565 69TH ST.	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	P S	<input type="checkbox"/> Delete
NAME	SAVERY, JO	
STREET ADDRESS	4245 N. A1A	
CITY-ST-ZIP	FT. PIERCE FL 34949-8328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MINETTI, RENARD	
STREET ADDRESS	1126 -54TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	T	<input type="checkbox"/> Delete
NAME	TAYLOR, HARRY	
STREET ADDRESS	712 DATE PALM RD	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROSSETT, JACK	
STREET ADDRESS	1616 OCEAN DR	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, BILL	
STREET ADDRESS	1527 40TH AVE N-2	
CITY-ST-ZIP	VERO BEACH FL 32966	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAY NERTER	
STREET ADDRESS	2400 INDIAN CREEK AVE W B306	
CITY-ST-ZIP	VERO BEACH FL. 32966	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LELAND, CIAAS	
STREET ADDRESS	620 16 AVE	
CITY-ST-ZIP	VERO BEACH, FL. 32960	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90071 046 ****61.25

U0004606



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)