

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727547

1. Entity Name

SATELLITE BEACH CHAPTER #1413 OF AMERICAN ASSOCI

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90244 044 ****61.25

Principal Place of Business

Mailing Address

2030 HWY A1A
INDIALANTIC FL 32903
US

1755 HWY A1A 202
INDIALANTIC FL 32903-2636
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7307662

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EDWARDS, NORMA
1001 EAU GALLIE BLVD 104
MELBOURNE FL 32935

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
SD	BUTZ, RUTH	1145 SHANNON AVE., #36	INDIALANTIC FL 32903	T/S/D	Norma Edwards	1001 W. Eau Gallie Blvd, Apt 104	Melbourne, FL 32935
PD	TRIESTE, JOHN	1755 HWY A1A 202	INDIALANTIC FL 32903	D	Eva Zuleger	120 Uranus Court	Indialantic, FL 32903
TD	EDWARDS, NORMA	1001 EAU GALLIE BLVD 104	MELBOURNE FL 32935	D	Helen Bird	995 North Hwy A1A, Apt 408	Indialantic FL 32903
D	BUTLER, JOHN	438 ST LUCIA CT	SATELLITE BEACH FL 32937	D	Raymond Pratt	124 Mars Court	Indialantic FL 32903

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: NORMA E. EDWARDS 1/2/00 (321)259-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #