# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 09, 2001 8:00 am**
**Secretary of State**
01-17-2001 90015 012 ****61.25

DOCUMENT # 727547

1. Entity Name

SATELLITE BEACH CHAPTER #1413 OF AMERICAN ASSOCI

| Principal Place of Business | Mailing Address |
|---|---|
| 2030 HWY A1A<br>INDIALANTIC FL 32903<br>US | 1755 HWY A1A 202<br>INDIALANTIC FL 32903<br>US |

DO NOT WRITE IN THIS SPACE

| 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 23-7307662 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

EDWARDS, NORMA
1001 EAU GALLIE BLVD 104
MELBOURNE FL 32935

**7. Name and Address of New Registered Agent**

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 Norma E Edwards NORMA E. EDWARDS, TREASURER 1-6-01
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 | SD<br>EDWARDS, NORMA<br>1001 W EAU GALLIE BLVD APT 104<br>MELBOURNE FL 32935 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>HELEN ELLER<br>319 THIRD AVE<br>MELBOURNE BEACH FL 32951 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>TRIESTE, JOHN<br>1755 HWY A1A 202<br>INDIALANTIC FL 32903 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ANN RONALDSON<br>1345 N. HWY A1A<br>INDIALANTIC FL 32903 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>EDWARDS, NORMA<br>1001 EAU GALLIE BLVD 104<br>MELBOURNE FL 32935 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ALDRIEDA GLENN<br>1345 N. HWY A1A<br>INDIALANTIC FL 32903 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BUTLER, JOHN<br>438 ST LUCIA CT<br>SATELLITE BEACH FL 32937 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RAYMOND PRATT<br>124 MARS COURT<br>INDIALANTIC FL 32903 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ZULEGER, EVA<br>120 URANUS CT<br>INDIALANTIC FL 32903 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SIMON PRISTOOP<br>1923 HWY A1A, UNIT B6<br>INDIAN HARBOUR BCH FL 32937 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BIRD, HELEN<br>995 N HWY AIA APT 408<br>INDIALANTIC FL 32903 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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 REQUIRED John A. Trieste 1-31-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PRESIDENT

321 951-0098