

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727800

1. Entity Name

KISSIMMEE CHAPTER #87 OF AMERICAN ASSOCIATION OF

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90016 003 ****61.25

Principal Place of Business

Mailing Address

ROBERT A HAINES
1662 PARKGATE DR
KISSIMMEE FL 34746
US

ROBERT A HAINES
1662 PARKGATE DR
KISSIMMEE FL 34746-7223
US

2. Principal Place of Business

3. Mailing Address

CAROLE FINK
Suite, Apt. #, etc.
1625 WONDERLAND WAY
City & State
KISSIMMEE FL
Zip
34746
Country
USA

CAROLE FINK
Suite, Apt. #, etc.
1625 WONDERLAND WAY
City & State
KISSIMMEE FL
Zip
34746
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7305466
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

HAINES, ROBERT A
1662 PARKGATE DR
KISSIMMEE FL 34746

Name FINK CAROLE
Street Address (P.O. Box Number is Not Acceptable)
1625 WONDERLAND WAY
City KISSIMMEE FL Zip Code 34746

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)

1/18/00
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	P	<input checked="" type="checkbox"/> Delete
NAME	HAINES, ROBERT A	
STREET ADDRESS	1662 PARKGATE DR	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HAWKES, FRANCES	
STREET ADDRESS	4115 NORTGATE DR #5	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEONARD, PHYLLIS	
STREET ADDRESS	1383 WESTGATE DR	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	D	<input type="checkbox"/> Delete
NAME	KREIDER, SUSAN	
STREET ADDRESS	3420 NORTHGATE DR #4	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, W. HOWARD	
STREET ADDRESS	1512 WESTGATE DR #8	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	D	<input type="checkbox"/> Delete
NAME	HACKER, AUDREY C	
STREET ADDRESS	4103 MIDDLEGATE DR	
CITY-ST-ZIP	KISSIMMEE FL 34746	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLE FINK	
STREET ADDRESS	1625 WONDERLAND WAY	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARJORIE CUSHING	
STREET ADDRESS	4163 MIDDLEGATE DR	
CITY-ST-ZIP	KISSIMMEE FL 34746	
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		
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
Carole Fink, President
Date 1/18/00 Daytime Phone # 944-1524

CR2E037 (9/99)