2001 UNIFORM BUSINESS REPORT (UBR)

Feb 12, 2001 8:00 am **DOCUMENT # 727800 Secretary of State** 1. Entity Name KISSIMMEE CHAPTER #87 OF AMERICAN ASSOCIATION OF 02-12-2001 90221 042 ****61.25 Principal Place of Business Mailing Address CAROL FINK **CAROL FINK** 1625 WONDERLAND WAY 1625 WONDERLAND WAY 00016358 KISSIMMEE FL 34746 KISSIMMEE FL 34746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 23-7305466 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FINK, CAROLE 1625 WONDERLAND WAY KISSIMMEE FL 34746 Zip Code City FL 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: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TITLE TITLE Change No lete Audreyc. Hacker #8 1512 Westgate Dr. #8 FINK, CAROLE NAME NAME 1625 WONDERLAND WAY STREET ADDRESS STREET ADDRESS Kissimmee, FL 34746 CITY-ST-ZIP KISSIMMEE FL 34746 CITY-ST-ZIP TITLE Delete TITLE Change ★ Addition **CUSHING, MARJORIE** Janice Lund NAME NAME STREET ADDRESS 4163 MIDDLETON DR. STREET ADDRESS 1605 Luther Ln CITY-ST-ZIP KISSIMMEE FL 34746 CITY-ST-ZIP Kissi nimee, FL 34746 **⊠** Delete Change Addition TITLE TITLE Watter To Taylor Dr. #2 LEONARD, PHYLLIS NAME NAME STREET ADDRESS 1383 WESTGATE DR STREET ADDRESS Kissi mmee, FL 34746 CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Change TITLE Delete TITLE Addition Robert Haines KREIDER, SUSAN NAME NAME 1662 Parkgate Dr Kissimmee, FL 34746 STREET ADDRESS 3420 NORTHGATE DR #4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34746 **⊠** Delete Change **Addition** TITLE TITI F Georgia Smith 1540 Venice et. NAME SMITH, W. HOWARD NAME STREET ADDRESS STREET ADDRESS 1512 WESTGATE DR #8 Kissimmee, FL 34746 CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34746 **Addition** TITLE **⊠** Delete TITLE ☐ Change Reva Quigley 1656 Parkgate Dr. NAME HACKER, AUDREY C NAME STREET ADDRESS 4103 MIDDLEGATE DR STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34746 CITY-ST-ZIP 34146

I hereby certify that the information supplied with this filling 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 GETTLES DWISHET TITOYlor 2/8/01