2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE

with an address, with all other like empowered.

FILED DOCUMENT # 728508 Apr 18, 2000 8:00 am Secretary of State 1. Entity Name HAINES CITY CHAPTER #1573 OF AMERICAN ASSOCIATIO 04-18-2000 90252 046 ****61.25 Principal Place of Business Mailing Address 6374 LOLLY BAY LOOP 6374 LOLLY BAY LOOP WINTER HAVEN FL 33881-9600 WINTER HAVEN FL 33881 2. Principal Place of Business 3. Mailing Address 433 LAKE HENRY DR ENRY D LAME Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number HAVEN ALA-NOT APPLICABLE WINVER NINTER Not Applicable \$8.75 Additional Poly K 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOMBSON Street Address (P.O. Box Number is Not Acceptable) FOUTS, HARRIET L 6374 LOLLY BAY LOOP NE WINTER HAVEN FL 33881 8. The above named entire submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Fiorida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition Delete TITLE TITLE PUGASH, DAVID FOUTS, HARRIET L. NAME NAME 709 HIGHLAND AVE. STREET ADDRESS STREET ADDRESS 6374 LOLLY BAY LOOP NE DUNPERTL 33838 CITY-ST-7IP CITY-ST-ZIP WINTER HAVEN FL 33881 Delete Change ☐ Addition JEC. TITLE TITLE TOSLIN BARBARA GOTLAKE HENRY DR. **BLANTON, MICKEY** NAME NAME STREET ADDRESS STREET ADDRESS **1407 LOWRY** CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN, TIL 歌 33881 HAINES CITY FL 33844 Change 🔀 Delete Addition TITLE TITLE THOMPSON, GEORGE PUGASH, GRACE NAME 433 LAKE HENRY STREET ADDRESS STREET ADDRESS 709 HIGHLAND AVENUE CITY-ST-ZIP CITY-ST-ZIP DUNDEE FL 33838 WINDER HAVEN Addition TITLE ☐ Delete TITLE KIRKLAND, GLADYS NAME NAME STREET ADDRESS STREET ADDRESS 469 LAKE HENRY CT CITY-ST-ZIP CITY-ST-ZIE WINTER HAVEN FL 33881 ☐ Change ☐ Addition ☐ Delete TITI F TITLE RULLMANN, MYRON NAME NAME STREET ADDRESS STREET ADDRESS 2611 DALE ANN DR CITY-ST-ZIP CITY-ST-ZIP HAINES CITY FL 33844 ☐ Change ☐ Addition ☐ Defete TITLE TITLE MCCOLLUM, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS **480 LAKE HENRY CR** CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33881 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 receive for 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