

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728773

1. Entity Name

INTERLACHEN CHAPTER #1663 OF AMERICAN ASSOCIATIO

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90059 028 ****61.25

Principal Place of Business

% MERLE L. DEROSIA
921 MARION AVE
INTERLACHEN FL 32148
US

Mailing Address

% MERLE L. DEROSIA
P.O. BOX 1011
INTERLACHEN FL 32148-1011
US

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

75-1013017

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

DEROSIA, MERLE L.
921 MARION AVE.
INTERLACHEN FL 32148

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

Merle L. Derosia

2/22/00

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	T	<input type="checkbox"/> Delete
NAME	DEROSIA, MERLE L	
STREET ADDRESS	921 MARION AVE	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROY, HOWARD	
STREET ADDRESS	111 BONNIE AVE	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRIEB, DELORES	
STREET ADDRESS	120 BONNIE AVE.	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLINTON, BENJAMIN	
STREET ADDRESS	108 TEMPEST	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOYES, BILL	
STREET ADDRESS	7300 CRILL AVE. #6	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEROSIA, RICHARD	
STREET ADDRESS	921 MARION AVE	
CITY-ST-ZIP	INTERLACHEN FL 32148-1011	

TITLE	MERLE DEROSIA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	921 MARION AVE.	
STREET ADDRESS	INTERLACHEN FL.	
CITY-ST-ZIP		
TITLE	MARGARET STAKE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	206 KUEKA RD	
STREET ADDRESS	INTERLACHEN FL 32148	
CITY-ST-ZIP		
TITLE	FRAEB DELORES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	120 BONNIE AVE	
STREET ADDRESS	INTERLACHEN FL 32148	
CITY-ST-ZIP		
TITLE	Howard Roy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	111 BONNIE AVE	
STREET ADDRESS	INTERLACHEN FL 32148	
CITY-ST-ZIP		
TITLE	BILL NOYES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7300 CRILL AVE #6	
STREET ADDRESS	PALATKA FL 32177	
CITY-ST-ZIP		
TITLE	RAY BROWER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 HARVEY AVE	
STREET ADDRESS	INTERLACHEN FL 32148	
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:

Margaret Stake

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 8, 2000

Date

Daytime Phone #

CR2E037 (9/99)