

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728773

1. Entity Name

INTERLACHEN CHAPTER #1663 OF AMERICAN ASSOCIATIO

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
US

2. Principal Place of Business

903 JUNIOR LAKE DR.

Suite, Apt. #, etc.

3. Mailing Address

903 JUNIOR LAKE DR.

Suite, Apt. #, etc.

City & State

INTERLACHEN FL

City & State

INTERLACHEN FL

Zip

32148

Country

U.S.A.

Zip

32148-6569

Country

U.S.A.

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

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

7. Name and Address of New Registered Agent

Name JUANITA TREADWELL

Street Address (P.O. Box Number is Not Acceptable)

903 JUNIOR LAKE DR.

City

INTERLACHEN

FL

Zip Code

32148

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

Juanita Treadwell, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-12-01

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

TITILE T ☒ Delete
NAME DEROSIA, MERLE L
STREET ADDRESS 921 MARION AVE
CITY-ST-ZIP INTERLACHEN FL 32148

TITILE P ☐ Delete
NAME STAKE, MARGARET
STREET ADDRESS 206 KUEKA RD
CITY-ST-ZIP INTERLACHEN FL 32148

TITILE S ☐ Delete
NAME FRIEB, DELORES
STREET ADDRESS 120 BONNIE AVE.
CITY-ST-ZIP INTERLACHEN FL 32148

TITILE D ☐ Delete
NAME ROY, HOWARD
STREET ADDRESS 111 BONNIE AVE
CITY-ST-ZIP INTERLACHEN FL 32148

TITILE D ☒ Delete
NAME NOYES, BILL
STREET ADDRESS 7300 CRILL AVE. #6
CITY-ST-ZIP PALATKA FL 32177

TITILE D ☐ Delete
NAME BROWER, RAY
STREET ADDRESS 101 HARVEY AVE
CITY-ST-ZIP INTERLACHEN FL 32148

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITILE T ☐ Change ☒ Addition
NAME TREADWELL, JUANITA M.
STREET ADDRESS 903 JUNIOR LAKE DR.
CITY-ST-ZIP INTERLACHEN, FL 32148

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Change ☒ Addition
NAME
STREET ADDRESS P.O. BOX 1390
CITY-ST-ZIP

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE D ☐ Change ☒ Addition
NAME COVINGTON, INEVA
STREET ADDRESS 502 LAKEVIEW TRAIL
CITY-ST-ZIP INTERLACHEN, FL 32148

TITILE ☐ Change ☐ 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:

Margaret Stake
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-01 386
684-2324

AU033730



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)