

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91516 029 ****61.25

DOCUMENT # 728773

1. Entity Name

INTERLACHEN CHAPTER #1663 of AMERICAN ASSN.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

903 JUNIOR LAKE DR

903 JUNIOR LAKE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

INTERLACHEN FL

City & State

INTERLACHEN FL

4. FEI Number

75-1013017

Applied For

Not Applicable

Zip

32148

Country

U.S.A.

Zip

32148-6569

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JUANITA TREADWELL

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

903 JUNIOR LAKE DR

City

INTERLACHEN

FL

Zip Code

32148-6569

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IN THIS SPACE**

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

4-8-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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

T TREADWELL, JUANITA M.
903 JUNIOR LAKE DR
INTERLACHEN, FL 32148-6569

P PETERS, WILLIAM C.
227 2nd WAY
INTERLACHEN, FL 32148

S STAKE, MARGARET
206 KUEKA RD
INTERLACHEN, FL 32148

D ROY, HOWARD
111 BONNIE AVE
INTERLACHEN, FL 32148

D COVINGTON, INEVA
502 LAKEVIEW TRAIL
INTERLACHEN, FL 32148

D STAKE, MARGARET
206 KUEKA RD.
INTERLACHEN, FL 32148

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Juanita Treadwell (JUANITA TREADWELL) 4-8-02 386-684-2619

CR2E037B (12/01)