

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728945

1. Entity Name

SOUTH PUTNAM COUNTY CHAPTER #1664 OF AMERICAN AS

Principal Place of Business

Mailing Address

RT 3 BOX 160
CRESCENT PARK FL 32112
US

RT 3 BOX 160
CRESCENT PARK FL 32112
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

59-2943759

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

Name

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

City

FL

Zip Code

LAGROW, JANET
RT 3 BOX 160
206 WHITE RD
CRESCENT PARK FL 32112

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

Janet Lagrow

1-8-01

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	P	<input checked="" type="checkbox"/> Delete
NAME	GARLAND, DAVID	
STREET ADDRESS	614 OLD HIGHWAY 17	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ANDES, JOHN	
STREET ADDRESS	RT 1 BOX 180	
CITY-ST-ZIP	POMONO PARK FL 32181	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAGROW, JANET	
STREET ADDRESS	RT 3 BOX 160	
CITY-ST-ZIP	CRESCENT PARK FL 32112	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKAGGS, WM	
STREET ADDRESS	RT 3 BOX 208	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAGROW, JIM	
STREET ADDRESS	RT 3 BOX 160	
CITY-ST-ZIP	CRESCENT PARK FL 32112	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNDLEY, IRENE	
STREET ADDRESS	RT 1 BOX 880	
CITY-ST-ZIP	LAKE COMO FL 32181	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andes, John	
STREET ADDRESS	RT 1 Box 180	
CITY-ST-ZIP	Pomono Park, FL 32181	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garland, Dave	
STREET ADDRESS	614 Old Highway 17	
CITY-ST-ZIP	CRESCENT CITY, FL 32112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet Lagrow - Pres

Date

Daytime Phone #

1/7/01 649-4965

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90053 004 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)