

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # 732329

1. Entity Name

PALM BEACH - LEISUREVILLE CHAPTER #2086 OF AMERI

FILED
May 12, 2000 8:00 am
Secretary of State

04-11-2000 90007 012 ****61.25

Principal Place of Business Mailing Address
 113 SW 8TH PL
 BOYNTON BEACH FL 33426
 US

2. Principal Place of Business 3. Mailing Address
 SAME SAME

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number Applied For
 23-7433785 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICKER, MARY L
 113 SW 8TH PLACE
 BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name SAME
 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 Mary L Ricker 4/3/00
 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

TITLE	CD	☒ Delete
NAME	COSTELLO, ELEANOR	
STREET ADDRESS	2003 SW GOLF LANE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	PD	☒ Delete
NAME	VAN BUSKIRK, NORMA	
STREET ADDRESS	2386 SW 14TH AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	VD	☒ Delete
NAME	CHIAVOLA, CAROLE	
STREET ADDRESS	1314 SW 15TH ST	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	SD	☐ Delete
NAME	DIXON, JANET	
STREET ADDRESS	820 SW 18TH COURT	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	TD	☐ Delete
NAME	RICKER, MARY L	
STREET ADDRESS	113 SW 8TH PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		☒ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	1314 SW 15TH ST	
STREET ADDRESS	BOYNTON BEACH, FL 33426	
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	BRADEN, CAROL	
STREET ADDRESS	1705 SW 8TH AVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	CHIAVOLA, CAROLE	
STREET ADDRESS	1314 SW 15TH ST	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	VAN BUSKIRK, NORMA	
STREET ADDRESS	2386 SW 14TH AVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	COSTELLO, ELEANOR	
STREET ADDRESS	2003 SW GOLF LN	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	KAREN KLEILER	
STREET ADDRESS	2394 SW 13 TERR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	

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

Date

Daytime Phone #

CR2E037 (9/99)