FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Aug 01, 2001 8:00 am Secretary of State **DOCUMENT # 732329** 1. Entity Name PALM BEACH - LEISUREVILLE CHAPTER #2086 OF AMERI 08-01-2001 90191 050 ****61.25 Principal Place of Business Mailing Address 113 SW 8TH PL 113 SW 8TH PL BOYTON BEACH FL 33426 **BOYNTON BEACH FL 33426** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 23-7433785 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -1 Street Address (P.O. Box Number is Not Acceptable) RICKER, MARY L 113 SW 8TH PLACE **BOYNTON BEACH FL 33426** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 12, 2001, min. will be \$236.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CD ☐ Delete TITLE TITLE COSTELLO, ELEANOR NAME STREET ADDRESS 2003 SW GOLF LANE STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL** CITY-ST-ZIP Addition : VICE PRES Delete TITLE BRADEN 1705 SW VAN BUSKIRK, NORMA NAME NAME STREET ADDRESS 2386 SW 14TH AVE *** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33426** TITLE Addition Delete TITLE VANIBUSICIRIS, NURMA CHIAVOLA, CAROLE NAME NAME 1314 SW 15TH ST STREET ADDRESS STREET ADDRESS 2386 SW CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33426** ☐ Delete TITLE TITLE DIXON, JANET NAME NAME 820 SW 18TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOYNTON BEACH FL** Change ☐ Addition TD ☐ Delete TITLE TITLE RICKER, MARY L NAME NAME 113 SW 8TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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

SIGNATURE:

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

7/22/01 581-735-3870