

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733974

1. Entity Name

ST. AUGUSTINE SOUTH-WEST AREA CHAPTER #2276 OF A

Principal Place of Business

112 CAPTAIN'S POINTE CIR
ST AUGUSTINE FL 32086

Mailing Address

112 CAPTAIN'S POINTE CIR
ST AUGUSTINE FL 32086-7218

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

KIRCHHOFF, EDWARD J
112 CAPTAIN'S POINTE CIRCLE
ST AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name

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

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 PD
NAME PACE, IRENE
STREET ADDRESS 145 DELTONA BLVD.
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ Delete

TITLE VD
NAME MCCARTHY, MARY LOU
STREET ADDRESS 604 BAYWOOD TRAIL
CITY-ST-ZIP ST AUGUSTINE FL 32086 ☐ Delete

TITLE TD
NAME KIRCHHOFF, EDWARD J
STREET ADDRESS 112 CAPTAIN'S POINTE CIRCLE
CITY-ST-ZIP ST AUGUSTINE FL 32086 ☐ Delete

TITLE SD
NAME BULKO, RUTH
STREET ADDRESS 600 DOMENICO CIR APT D5
CITY-ST-ZIP ST AUGUSTINE FL 32086 ☐ Delete

TITLE D
NAME BUCKNER, IRENE D
STREET ADDRESS 220 BARACOA COURT
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ Delete

TITLE D
NAME KNIGHT, MINNICE
STREET ADDRESS 256 MONTEREY AVE
CITY-ST-ZIP ST. AUGUSTINE FL 32095 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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: *Edward J. Kirchhoff* EDWARD J. KIRCHHOFF 4-17-00 797-6178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90019 047 ****61.25

CR2E037 (9/99)