

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735612

1. Entity Name

PINE HILLS CHAPTER #2518 OF AMERICAN ASSOCIATION

Principal Place of Business

Mailing Address

% KARAS, VIRGINIA  
2032 CHICOTAH WAY  
ORLANDO FL 32818

% KARAS, VIRGINIA  
2032 CHICOTAH WAY  
ORLANDO FL 32818-5332

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

95-3011574

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

KARAS, VIRGINIA  
2032 CHICOTAH WAY  
ORLANDO FL 32818

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete  
NAME KARAS, EDWARD  
STREET ADDRESS 2032 CHICOTAH WAY  
CITY-ST-ZIP ORLANDO, FL 00000

TITLE D ☐ Change ☐ Addition  
NAME Eunice, Nelda  
STREET ADDRESS 3510 Eunice Ave.  
CITY-ST-ZIP Orlando, Fla. 32808

TITLE VP ☐ Delete  
NAME SOUKUP, ROBERT  
STREET ADDRESS 8427 VILLAGE GREEN  
CITY-ST-ZIP ORLANDO FL

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

TITLE P ☐ Delete  
NAME QUINTON ROBERTS  
STREET ADDRESS 8211 OLD GROVE DR  
CITY-ST-ZIP ORLANDO FL 32818

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

TITLE V ☐ Delete  
NAME BROOMHALL, ROSE M  
STREET ADDRESS 1320 HERNANDEZ DR  
CITY-ST-ZIP ORLANDO FL 32808

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

TITLE T ☐ Delete  
NAME KARAS, VIRGINIA  
STREET ADDRESS 2032 CHICOTAH WAY  
CITY-ST-ZIP ORLANDO, FL 00000

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

TITLE D ☒ Delete  
NAME LUKE, AUDREY  
STREET ADDRESS 1771 TALLOWAY  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Change ☐ Addition  
NAME Winslow, Barbara  
STREET ADDRESS 1638 silver star rd.  
CITY-ST-ZIP Orlando, Fla. 32804

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)