

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736239

1. Entity Name

PALM BAY CHAPTER #2622 OF AMERICAN ASSOCIATION O

FILED

Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90019 033 \*\*\*\*61.25

Principal Place of Business

PALM BAY COMMUNITY CENTER  
PALM BAY FL 32905  
US

Mailing Address

1060 ALTMIRA ST NW  
PALM BAY FL 32907  
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

95-3029898

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

BUCHAOLTZ, KYLA S  
1060 ALTAMIRA ST NW  
PALM BAY FL 32907

Name

Nyla S. Bucholtz

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

1060 Altamira St. NW

Palm Bay, FL 32907

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

1-15-01

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 NAME STREET ADDRESS CITY-ST-ZIP	ST BUCHOLTZ, NYLA S 1060 ALTAMIRA ST NW PALM BAY FL 32907-2754	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCIVER, BEIT 1659 AVERY RD NE PALM BAY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETER, JANNONE P.O. BOX 50049 N/A MALABAR FL 32950	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BATTICE, THELMA 2194 FALLON BLVD PALM BAY FL 32905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, JIM 898 CHAMPION DR NE PALM BAY FL 32905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SENER, GEORGE 1664 SUNNY BROOK LN NE PALM BAY FL 32905	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JESSIE WHITEMAN 1502 Eagle Ave., NW Palm Bay, FL 32907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jessie Whiteman 1502 Eagle Ave., NW Palm Bay, FL 32907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Alma Peterson 927 Pine Walk Ct., NE Palm Bay, FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Irene Aryan-Hetzler 580 Janus Rd., NE Palm Bay FL 32907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Geraldine Whyte 2080 Majestic Pine Ct., NE Palm Bay, FL 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nyla S. Bucholtz

1-17-01

321-724-8975

Date

Daytime Phone #

CR2E037 (10/00)