

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90044 008 \*\*\*\*61.25

**DOCUMENT # 740261**

1. Entity Name

**DESOTO-COUNTY CHAPTER #2966 OF AMERICAN ASSOCIAT**

Principal Place of Business

23 N POLK  
 ARCADIA FL 33821  
 US

Mailing Address

23 N POLK  
 ARCADIA FL 34266-3953  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**94-2432086**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BARR, JEANET**  
**20 TEXAS AVE**  
**ARCADIA FL 34266**

*DORA R. BRESAW*  
*1182 S.E. SHADY OAKS AVE*  
*ARCADIA FL 34266*

7. Name and Address of New Registered Agent

Name

*DORA R. BRESAW*

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

*1182 S.E. SHADY OAKS AVE*

City

**FL**

Zip Code  
**34266**

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:**  
**FEES 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 **P**  
 NAME **DAVIS, ELLEN**  
 STREET ADDRESS **2692 NE HWY 70**  
 CITY-ST-ZIP **ARCADIA FL 34266**

☒ Delete

TITLE **V**  
 NAME **SARAF, SARAFINO**  
 STREET ADDRESS **5 S. HILLSBOROUGH**  
 CITY-ST-ZIP **ARCADIA FL 34266**

☒ Delete

TITLE **T**  
 NAME **BARR, JEANE L**  
 STREET ADDRESS **20 TEXAS AVE**  
 CITY-ST-ZIP **ARCADIA FL 34266**

☒ Delete

TITLE **D**  
 NAME **VICTOR, MARY**  
 STREET ADDRESS **1978 NE FLORIDIAN CIRCLE**  
 CITY-ST-ZIP **ARCADIA FL 34266**

☒ Delete

TITLE **D**  
 NAME **WALWORTH, CLAIRE**  
 STREET ADDRESS **2692 NE 70 LOT 408**  
 CITY-ST-ZIP **ARCADIA FL 34266**

☒ Delete

TITLE **D**  
 NAME **BRESAW, DORA**  
 STREET ADDRESS **1182 SE SHADY OAKS DRIVE**  
 CITY-ST-ZIP **ARCADIA FL 34266**

☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☐ Addition  
 NAME **WALLACE MURIEL**  
 STREET ADDRESS **302 E. IMOGENE**  
 CITY-ST-ZIP **ARCADIA, FL 34266**

TITLE **V** ☐ Change ☐ Addition  
 NAME **VICTOR, MARY**  
 STREET ADDRESS **1928 N.E. FLORIDIAN CIRCLE**  
 CITY-ST-ZIP **ARCADIA, FL 34266**

TITLE **T** ☐ Change ☐ Addition  
 NAME **BRESAW, DORA**  
 STREET ADDRESS **1182 S.E. SHADY OAKS AVE.**  
 CITY-ST-ZIP **ARCADIA, FL. 34266**

TITLE **S** ☐ Change ☐ Addition  
 NAME **MILDRED O. WHIDDEN**  
 STREET ADDRESS **904 W. OAK ST.**  
 CITY-ST-ZIP **ARCADIA, FL. 34266**

TITLE **D** ☐ Change ☐ Addition  
 NAME **CLAIRE WALWORTH**  
 STREET ADDRESS **2692 N.E. 70\_458**  
 CITY-ST-ZIP **ARCADIA, FL. 34266**

TITLE **D** ☐ Change ☐ Addition  
 NAME **VICTOR, JOHN**  
 STREET ADDRESS **1928 N.E. FLORIDIAN CIRCLE**  
 CITY-ST-ZIP **ARCADIA, FL. 34266**

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:**

*Muriel Wallace*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-16-00 863-494-0940*  
 Date Daytime Phone #

CR2E037 (9/99)