

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-01-2000 90436 044 ****61.25

DOCUMENT # 740325

1. Entity Name

BROOKSVILLE, FLORIDA CHAPTER #2975 OF AMERICAN A

Principal Place of Business

Mailing Address

900 N. BROAD ST. #4259
 BROOKSVILLE FL 34601

900 N. BROAD ST. #4259
 BROOKSVILLE FL 34601-6312
 US

2. Principal Place of Business

BROOKSVILLE, FL. CH. #2975
 Suite, Apt. #, etc.

4259 TIPPERARY LANE
 City & State

BROOKSVILLE, FL.

Zip **34601** Country **U.S.A.**

3. Mailing Address

BROOKSVILLE, FL. CH. #2975
 Suite, Apt. #, etc.

4259 TIPPERARY LN.
 City & State

BROOKSVILLE, FL.

Zip **34601** Country **U.S.A.**



DO NOT WRITE IN THIS SPACE

4. FEI Number

95-3156396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PERRY, THOMAS
7296 ASHBROOK DR
BROOKSVILLE FL 34601

DECEASED

7. Name and Address of New Registered Agent

Name **JOSEPH A. GUFFREA**

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

8659 HIGH POINT BLVD.

City **BROOKSVILLE, FL.** FL Zip Code **34613**

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

Joseph A. Guffrea

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-24-2000

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 **P** ☐ Delete
 NAME **ROMIG, FRANCIS**
 STREET ADDRESS **7459 MITCHELL RD.**
 CITY-ST-ZIP **BROOKSVILLE FL 34601-5652**

TITLE **V** ☐ Delete
 NAME **WYDOTIS, MARY A**
 STREET ADDRESS **13001 BRIDGE PATH**
 CITY-ST-ZIP **BROOKSVILLE FL 34614**

TITLE **T** ☐ Delete
 NAME **STANEK, ALEX**
 STREET ADDRESS **900 N BROAD ST 4259 TIPPERARY LANE**
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **D** ☐ Delete
 NAME **ABBOTT, CAROLYN**
 STREET ADDRESS **1321 CANDLELIGHT BLVD**
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **D** ☐ Delete
 NAME **WYDOTIS, MARYANN**
 STREET ADDRESS **13001 BRIDLE PATH**
 CITY-ST-ZIP **BROOKSVILLE FL 34614**

TITLE **D** ☐ Delete
 NAME **CLINARD, ROSE**
 STREET ADDRESS **310 LONGWOOD DR. BOX 583**
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
 NAME **WYDOTIS, MARYA.**
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
 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:

Alex F. Stanek, Treas.
ALEXANDER STANEK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2000 352-796-5767

Date

Daytime Phone #

CR2E037 (9/99)