

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740841

1. Entity Name

CRYSTAL RIVER-SPRINGS CHAPTER #2978 OF AMERICAN

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90078 026 ****61.25

Principal Place of Business

Mailing Address

9870 W FORT ISLAND
CRYSTAL RIVER FL 34429
US

5524 W IRVING CT
HOMOSASSA FL 34448-1682
US

2. Principal Place of Business

SAME

3. Mailing Address

1424 N. CIRCUS TERRACE
HERNANDO, FL 34442

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HERNANDO, FL

4. FEI Number

95-3161355

Applied For

Not Applicable

Zip

Country

Zip

Country

34442

CITRUS

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

WISNIEWSKI, LEN
5524 W IRVING CT
HOMOSASSA FL 34448

Name

INMAN E. MCCLVY

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

1424 N. CIRCUS TER.

City

HERNANDO

FL

Zip Code

34442

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

INMAN E. MCCLVY

Inman E. McClvy

1/18/00

(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 PD
NAME HAAG, PAUL M
STREET ADDRESS 8386 DESERT ROSE LN
CITY-ST-ZIP CRYSTAL RIVER FL

☐ Delete

TITLE P
NAME INMAN E. MCCLVY
STREET ADDRESS 1424 N. CIRCUS TER.
CITY-ST-ZIP HERNANDO, FL 34442

☒ Change ☐ Addition

TITLE VD
NAME LESTER, WILLIAM
STREET ADDRESS 5868 W STOCKHOLM LN
CITY-ST-ZIP DUNNELLON FL 34433

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME EIDAM, ROSE M
STREET ADDRESS P. O. BOX 596
CITY-ST-ZIP HOMOSASSA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME SAMBOL, MARY
STREET ADDRESS P O BOX 517, 4088 N CONCORD DR
CITY-ST-ZIP CRYSTAL RIVER FL 34423-0517

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME POET, RAYMOND B
STREET ADDRESS 1122 S.E. 4TH AVE
CITY-ST-ZIP CRYSTAL RIVER FL 34429

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME LESTER, WILLIAM
STREET ADDRESS 5868 WEST STOCKHOLM LANE
CITY-ST-ZIP DUNNELLON FL 34433

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #:

4/10/2000 (352) 746-6112

CR2E037 (9/99)