

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90069 017 ****61.25

DOCUMENT # 740841

1. Entity Name

CRYSTAL RIVER-SPRINGS CHAPTER #2978 OF AMERICAN

950334



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**9870 W FORT ISLAND
 CRYSTAL RIVER FL 34429
 US**

**1424 N CIRCUS TERRACE
 HERNANDO FL 34442
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-3161355

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

7. Name and Address of New Registered Agent

**MCELVY, INMAN E
 1424 N. CIRCUS TER
 HERNANDO FL 34442**

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 ☐ Delete
 NAME **P**
MCELVY, INMAN E
 STREET ADDRESS **1424 N. CIRCUS TER**
 CITY-ST-ZIP **HERNANDO FL 34442**

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

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **T**
TOBEY, ROSE
 STREET ADDRESS **11060 WEST THORGAU PL.**
 CITY-ST-ZIP **CRYSTAL RIVER, FL 34429**

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

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

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

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

TITLE ☐ Delete
 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:

INMAN E. MCELVY
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 2001 (352) 746-6112

Date

Daytime Phone #

CR2E037 (10/00)