

2000 UNIFORM BUSINESS REPORT (UBR)

081400

DOCUMENT # 742019

1. Entity Name

NEW SMYRNA BEACH EDGEWATER CHAPTER #3037 OF AMER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 AUG 15 AM 10:56

Principal Place of Business

Mailing Address

P.O. BOX NO. 1871
NEW SMYRNA BEACH FL 32170

P.O. BOX NO. 1871
NEW SMYRNA BEACH FL 32170

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

95-3208632

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

SINICKI, ANTHONY
3122 ROYAL PALM DRIVE
EDGEWATER FL 32141

Name

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

800003368228--9

-08/23/00--01016--023

City

*****61.25

*****61.25
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

After September 13, 2000 min. will be \$236.25

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 | P BALLWAGE, FRANK | <input type="checkbox"/> Delete |
| STREET ADDRESS | 2217 YULE TREE DR | |
| CITY-ST-ZIP | EDGEWATER FL 32141 | |
| TITLE NAME | D RAUCH, HERMAN | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 2837 RED OAK ST | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 32168-5787 | |
| TITLE NAME | D BECKER, ETHEL | <input type="checkbox"/> Delete |
| STREET ADDRESS | 73 AQUA CT. | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 32168 | |
| TITLE NAME | TD O'ROURKE, RUTH | <input type="checkbox"/> Delete |
| STREET ADDRESS | 132 E. CONNECTICUT AVE | |
| CITY-ST-ZIP | EDGEWATER FL 32132 | |
| TITLE NAME | D THORPE, WILLIAM | <input type="checkbox"/> Delete |
| STREET ADDRESS | 830 NEEDLE PALM | |
| CITY-ST-ZIP | EDGEWATER FL 32141 | |
| TITLE NAME | D WATSON, JEANNETTE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 4 LAUGHING GULL LANE | |
| CITY-ST-ZIP | EDGEWATER FL 32141 | |

| | | |
|----------------|---------------------------|--|
| TITLE NAME | D- NANCY SINICKI | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 3122 ROYAL PALM DR | |
| CITY-ST-ZIP | EDGEWATER FL 32141-6112 | |
| TITLE NAME | D-MARY THORPE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 2830 NEEDLE PALM RD | |
| CITY-ST-ZIP | EDGEWATER FL 32141 | |
| TITLE NAME | D CLARENCE GNAU | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 628 BELLA VISTA | |
| CITY-ST-ZIP | EDGEWATER FL 32141 | |
| TITLE NAME | S- NANCY GUERETTE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 303 ROSLYN AV | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 32168 | |
| TITLE NAME | D- JAMES DECKER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 814 E. 16TH ST | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 32169 | |
| TITLE NAME | DVP ANTHONY SINICKI | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 3122 ROYAL PALM DR | |
| CITY-ST-ZIP | EDGEWATER FL 32141 | |

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 #

ANTHONY SINICKI 8/9/00 428-7880 (904)

CR2E037 (5/00)