

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743707

1. Entity Name

CALHOUN COUNTY CHAPTER #3096 OF AMERICAN ASSOCIA

Principal Place of Business

822 W HENTZ AVE BETOWN
BLOUNTSTOWN FL 32424
US

Mailing Address

822 W HENTZ AVE BETOWN
BLOUNTSTOWN FL 32424
US

2. Principal Place of Business

18946 SR 71 N Lot 49

3. Mailing Address

18946 SR 71 N Lot 49

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Blountstown, FL

City & State

Blountstown FL

Zip

32424

Country

USA

Zip

32424

Country

USA

6. Name and Address of Current Registered Agent

PIERCE, ELSIE
822 W HERTZ
BLOUNTSTOWN FL 32424

4. FEI Number

94-2497554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name Anna L Bates

Street Address (P.O. Box Number is Not Acceptable)
18946 SR 71 N Lot 49

City Blountstown

FL

Zip Code 32424

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

Anna L Bates

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 16, 2001

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 NAME STREET ADDRESS CITY-ST-ZIP | P PANCK, CARLOYN HWY 73S. PO BOX 171 CLARKSVILLE FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WILLIFORD, ALICE 620 MARIE AV BLOUNTSTOWN FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD FT. PIERCE, ELAIE 822 W HENTZ AVE BLOUNTSTOWN FL 32424 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WILFORD, JAMES 620 MARIEL ST BLOUNTSTOWN FL 32424 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RANCK, CAROLYN HWY 73 S CLARKSVILLE FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILSHIRE, HARRY 822 W. HENTZ AVENUE BLOUNTSTOWN FL | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PANEK, Carolyn P.O. 171 CLARKSVILLE, FL. 32430 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Williford, Alice 20198 W. Marie Blountstown FL 32424 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Anna L Bates 18946 SR 71 N Lot 49 Blountstown, FL 32424 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Williford, James 20198 W. Marie Blountstown, FL 32424 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PANEK Carolyn PANEK PO Box 171 Clarksville FL 32430 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | James J. Veasey 18946 SR 71 Lot #13 Blountstown FL 32424 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

Anna L Bates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 2001-850-674-5752

Date

Daytime Phone #

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

04-19-2001 90321 045 ****61.25

0018309



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)