

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751300

1. Entity Name

BOYNTON LEISUREVILLE CHAPTER #3190 OF AMERICAN A

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90053 050 ****61.25

Principal Place of Business 1807 SW 18TH STREET BOYNTON BCH FL 33426 US	Mailing Address STAVIS, GUS 2021 SW 17 AVE. BOYNTON BEACH FL 33426-6442 US
--	--

2. Principal Place of Business	3. Mailing Address GEORGE MARHEFKA Suite, Apt. #, etc. 1507 S.W. 20th ST. City & State BOYNTON BEACH, FL. Zip 33426 Country U.S.
--------------------------------	---



DO NOT WRITE IN THIS SPACE

City & State	4. FEI Number 94-2632071	Applied For Not Applicable
Zip	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STAVIS, GUS 2021 S.W. 17TH AVENUE BOYNTON BEACH FL 33426	7. Name and Address of New Registered Agent Name GEORGE MARHEFKA Street Address (P.O. Box Number is Not Acceptable) 1507 S.W. 20th ST. City BOYNTON BEACH FL Zip Code 33426
---	--

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 George J. Marhefka DATE 5/1/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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 STREET ADDRESS CITY-ST-ZIP	PD: HABERLAND, WILLIAM 2114 SW 22ND COURT BOYNTON BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRITCHARD, DOROTHY 1906 S.W. 16TH AVENUE BOYNTON BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALABRESE, MARY 1907 S.W. 17TH AVE BOYNTON BEACH FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STAVIS, GUS 2021 SW 17 AVE. BOYNTON BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEORGE J. MARHEFKA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1507 S.W. 20th ST. BOYNTON BEACH, FL. 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: George J. Marhefka DATE 5/1/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)