2000 UNIFORM BUSINESS REPORT (UBR)

1/21/25/(

FILED
May 22, 2000 8:00 am
Secretary of State
01-25-2000 90105 015 ****61.25

DOCUMENT # 758203

1. Entity Name

HIGH SPRINGS CHAPTER #3373 OF AMERICAN ASSOCIATI

Principal Place of Business	Mailing Address
10 N.E. 2ND AVE. HIGH SPRINGS FL 32643 US	29304 N.W. 182ND TERR ALACHUA FL 32615-3101 US CLARA BARTHOLOMEW

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1025 GLENDALE ST Suite, Apt. #, etc.
City & State	HIGH SPRINGS FL City & State
Zip / Country	Zip 32643 / Country US

4. FEI Number 95-3656204 ☐ Applied For ☑ Not Applic.

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
WALKER, CARMEN 29304 N.W. 182ND TERR ALACHUA FL 32643	Name: BARTHOLOMEW CLARA B. Street Address (P.O. Box Number is Not Acceptable): 1025 GLENDALE ST HIGH SPRINGS City FL Zip Code 32643

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 CLARA B. BARTHOLOMEW Clara B. Bartholomew 1/19/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WALKER, CARMEN 29304 N.W. 182ND TERR ALACHUA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ D BARTHOLOMEW, CLARA B. 1025 GLENDALE ST HIGH SPRINGS, FL 32643	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KEMP, WANDA L. 8660 N.E. 50TH ST. HIGH SPRINGS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ T KEMP, WANDA L 8660 N.E. 50th ST. HIGH SPRINGS, FL 32643	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALEXANDER, ESTER P.O. BOX 1094 HIGH SPRINGS FL 32655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~AND VP~~ T LAROSE, PHYLLIS 18612 NW 241 TERR. HIGH SPRINGS, FL 32643	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ERWIN, CLAIRE P.O. BOX 153 HIGH SPRINGS FL 32655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Clara B. Bartholomew CLARA B. BARTHOLOMEW 1/19/00 (904)454-065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #