

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90122 049 *****61.25

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DOCUMENT # 761880

1. Entity Name

SOUTH TAMPA - PALMA CEJA CHAPTER #3401 OF AMERIC

Principal Place of Business

**2527 W TENNESSEE AVE
TAMPA FL 33629**

Mailing Address

**2527 W TENNESSEE AVE
TAMPA FL 33629**

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

NOT APPLICABLE

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

**DARLING, DOROTHY C
2527 WEST TENNESSEE AVENUE
TAMPA FL 33629**

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**
STREET ADDRESS **DARLING, DOROTHY C**
CITY-ST-ZIP **2527 WEST TENNESSEE AVENUE
TAMPA FL 33629**

TITLE ☐ Change ☒ Addition
NAME **V**
STREET ADDRESS **HOWLIN, VIRGINIA.**
CITY-ST-ZIP **3506 SAN JOSE AVE.
TAMPA, FLA 33629**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SHAVER, JEAN**
CITY-ST-ZIP **4218 CORONA
TAMPA FL 33629**

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **GEE, THEDA**
CITY-ST-ZIP **3211 SWANNAVE #709
TAMPA, FL 33609**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HAENN, OSCAR JOSEPH**
CITY-ST-ZIP **3501 CORONA STREET
TAMPA FL 33629**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **CARTTER, CAROL M.**
CITY-ST-ZIP **815 S EDISON AVE.
TAMPA, FL 33606-2918**

TITLE ☐ Delete
NAME **C**
STREET ADDRESS **CARTTER, BRUCE**
CITY-ST-ZIP **815 SOUTH EDISON AVENUE
TAMPA FL 33606**

TITLE ☐ Change ☒ Addition
NAME **ZUP**
STREET ADDRESS **JANIGA, MARY ANN**
CITY-ST-ZIP **234 COLUMBIA DR.
TAMPA, FL 33606**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **JURDAK, FLORIAN**
CITY-ST-ZIP **4015 WYOMING
TAMPA FL 33611**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **DAVID, BEATRICE**
CITY-ST-ZIP **3408 BAY-TO-BAY
TAMPA, FL 33629.**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HAENN, FLORENCE**
CITY-ST-ZIP **3501 CORONA ST
TAMPA FL 33629-7909**

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: *BRUCE L. CARTTER* **BRUCE L. CARTTER** *4/10/01 813-257-5253*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)