

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763687

1. Entity Name

PALM COAST CHAPTER #3485 OF AMERICAN ASSOCIATION

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90075 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 352230

P.O. BOX 352230

PALM COAST FL 32135-2230

PALM COAST FL 32135-2230

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

95-3740536

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

WILLIAMS, WILMA V  
59 PRESIDENT LANE  
PALM COAST FL 32164

Name

ROBERT HAGEL

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

5 FAIRWAYS CIRCLE

City

PALM COAST

FL

Zip Code

32137

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

ROBERT HAGEL, TREASURER till 12-31-00 then I quit.

4-25-00

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	T	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, WILMA V	
STREET ADDRESS	59 PRESIDENT LANE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURNS, EDITH	
STREET ADDRESS	46 BURNELL DR	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DIVORD, WAVIE	
STREET ADDRESS	132 BRITTANY LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BORS, KAY	
STREET ADDRESS	46 WENTWORTH LANE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONTEVERDE, ARTHUR	
STREET ADDRESS	82 FOLSOM LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEDERSTRASSER, RUTH	
STREET ADDRESS	14 CHESTNUT CT	
CITY-ST-ZIP	PALM COAST FL 32137	

TITLE	PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARET MONAHAN	
STREET ADDRESS	21 FAIRHILL Lm.	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	VICE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLINE MATHEY	
STREET ADDRESS	20 CRYSTAL BAY CT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VICE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YETTA SOULDERS	
STREET ADDRESS	PO BOX 350 609	
CITY-ST-ZIP	PALM COAST, FL 32135	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMILIA ARGUL	
STREET ADDRESS	207 PRITCHARD DR	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT HAGEL	
STREET ADDRESS	5 FAIRWAYS CIRCLE	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	MARCIA BRANT DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12 FERGUSON CT.	
STREET ADDRESS	PALM COAST, FL 32137	

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 REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00 904-445-5655

Date

Daytime Phone #

CR2E037 (9/99)