

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/1

**FILED**

**May 01, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90050 015 \*\*\*\*61.25

**DOCUMENT # 767145**

1. Entity Name

**POINSETTIA PARK CHAPTER #3561 OF AMERICAN ASSOCI**

Principal Place of Business

4701 BALLARD ROAD  
FORT MYERS FL 33905  
US

Mailing Address

312 LACASA AVENUE  
FT. MYERS FL 33905  
US

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

**96-3801384**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

MCNAMARA, CEIL  
127 GRANADA ST  
FT MYERS FL 33905

7. Name and Address of New Registered Agent

Name **MCNAMARA, JIM**

Street Address (P.O. Box Number is Not Acceptable)  
**127 GRANADA ST**

City **FT MYERS** FL Zip Code **33905**

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 Jim McNamara, PD James J. McNamara 3-7-00  
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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCNAMARA, CEIL	
STREET ADDRESS	127 GRANADA ST	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CLINK, ARLENE	
STREET ADDRESS	245 N POINSETTIA DR	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BAAM, TEEDY	
STREET ADDRESS	319 DOMINGO DR	
CITY-ST-ZIP	FT. MYERS FL 33905	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRELLE, BILL	
STREET ADDRESS	142 GRANADA STREET	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WESTFALL, HARRY	
STREET ADDRESS	312 LACASA AVENUE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAMARA, JIM	
STREET ADDRESS	127 GRANADA ST	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINOR, NORRIS	
STREET ADDRESS	237 POINSETTIA DR	
CITY-ST-ZIP	FORT MYERS, FL 33905	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE WISE	
STREET ADDRESS	107 E. POINSETTIA	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAT WALLACE	
STREET ADDRESS	178 LA PLAZA AVE.	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: James J. McNamara  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00 694-9766  
Date Daytime Phone #