

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90075 050 ****61.25

DOCUMENT # N01000006028

1. Entity Name

**WILLIAM CATHAY CHAPTER 24TH AND 25TH INFANTRY IN
 CORPORATED**

Principal Place of Business

Mailing Address

**4603 EAST NAVAJO AVE.
 TAMPA FL 33617**

**4603 EAST NAVAJO AVE.
 TAMPA FL 33617**

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

59-3758706

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

**RHODES, RHONDA
 4603 EAST NAVAJO AVE.
 TAMPA FL 33617**

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 **PD** ☐ Delete
 NAME **REDDICK, IRIS**
 STREET ADDRESS **6411 SOUTHERN COMFORT BLVD.**
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **RHODES, RHONDA**
 STREET ADDRESS **4603 NAVAJO AVE.**
 CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **SIMMONS, BRENDA**
 STREET ADDRESS **P.O. BOX 172453**
 CITY-ST-ZIP **TAMPA FL 33672**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ASD** ☐ Delete
 NAME **DUNGEE, ADRIENNE**
 STREET ADDRESS **4859 PURITAN CIRCLE**
 CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **BROWN, LINDA**
 STREET ADDRESS **1313 COSTA MESA DR.**
 CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ATD** ☐ Delete
 NAME **SMITH, GRACE**
 STREET ADDRESS **1806 FRIERSON**
 CITY-ST-ZIP **TAMPA FL 33610**

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: *Rhonda Rhodes* **Rhonda Rhodes** 1/22/02 (813)238-3727

CR2E037 (9/01)