

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90196 014 \*\*\*\*61.25

**DOCUMENT # N01000006028**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**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**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Rhonda Rhodes*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1/21/03*  
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  
Florida 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 **SD** ☒ Change ☐ Addition  
NAME **Dungee, Adrienne**  
STREET ADDRESS **4859 Puritan Circle**  
CITY-ST-ZIP **Tampa, Florida 33617**

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

TITLE **TD** ☒ Change ☐ Addition  
NAME **Smith, Grace**  
STREET ADDRESS **1806 Frierson Ave**  
CITY-ST-ZIP **Tampa, Florida 33610**

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)(j), 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*

*1/21/03*

CR2E037 (10/02)