

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90014 019 ****61.25

DOCUMENT # N02441

1. Entity Name

SANIBEL-CAPTIVA CHAPTER #3678 OF AMERICAN ASSOCI

Principal Place of Business

Mailing Address

**943 CABBAGE CT.
 P. O. BOX 1188
 SANIBEL FL 33957**

**943 CABBAGE CT.
 P. O. BOX 1188
 SANIBEL FL 33957-1188**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **33-0028171**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**SHELTON, HENRY J.
 943 CABBAGE PALM COURT
 SANIBEL FL 33957**

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	D	<input checked="" type="checkbox"/> Delete
NAME	DAMMAN, RUTH	
STREET ADDRESS	656 ANCHOR DR	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, EVELYN	
STREET ADDRESS	760 SEXTANT DR	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D D	<input type="checkbox"/> Delete
NAME	KYLLO, ALICE	
STREET ADDRESS	1730 WINDWARD WAY	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D T	<input type="checkbox"/> Delete
NAME	KELLEY, WILLIAM	
STREET ADDRESS	1250 TENNIS PLACE COURT	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	T V	<input type="checkbox"/> Delete
NAME	SHELTON, HENRY S	
STREET ADDRESS	943 CABBAGE PALM COURT	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUNYAR, MARJORIE	
STREET ADDRESS	760 SEXTANT DR #732	
CITY-ST-ZIP	SANIBEL FL 33957	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY GRIZZELL	
STREET ADDRESS	654 EAST ROCKS DR	
CITY-ST-ZIP	SANIBEL, FLA 33957	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON PENNINGTON	
STREET ADDRESS	683 EAST ROCKS DR	
CITY-ST-ZIP	SANIBEL, FLA 33957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Henry S Shelton April 24, 2000 941-472-5517
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)