

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03703

1. Entity Name

HOBE SOUND CHAPTER #3700 OF AMERICAN ASSOCIATION

Principal Place of Business

CIVIC CENTER
8960 S.E. OLYMPUS ST
HOBE SOUND FL 33455

Mailing Address

945 SW ALL AMERICAN BLVD.
PALM CITY FL 34990-3811

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

59-2291513

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

BATES, RICHARD L SR
945 SW ALL AMERICAN BLVD.
PALM CITY FL 34990

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	P	<input type="checkbox"/> Delete
NAME	BATES, RICHARD L SR	
STREET ADDRESS	945 SW ALL AMERICAN BLVD.	
CITY-ST-ZIP	PALM CITY FL 34990-3811	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOSIER, LEON	
STREET ADDRESS	7318 SE SWAN AVE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAILEY, MARGARET	
STREET ADDRESS	7255 RED BIRD CIRCLE	
CITY-ST-ZIP	HOBE SOUND FL 34994	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NASSE, CHARLOTTE	
STREET ADDRESS	7245 SE RED BIRD CIR	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	CHAMBERS, VEE	
STREET ADDRESS	11975 S.E. PLUTUS AVE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90052 013 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)