

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90334 006 \*\*\*\*61.25

**DOCUMENT # N03703**

1. Entity Name

**HOBE SOUND CHAPTER #3700 OF AMERICAN ASSOCIATION**

Principal Place of Business

Mailing Address

**CIVIC CENTER  
 8980 S.E. OLYMPUS ST  
 HOBE SOUND FL 33455**

**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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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** ☒ Delete  
 NAME **BATES, RICHARD L SR**  
 STREET ADDRESS **945 SW ALL AMERICAN BLVD.**  
 CITY-ST-ZIP **PALM CITY FL 34990-3811**

TITLE **P** ☒ Change ☐ Addition  
 NAME **REMILLARD, SIMONNE**  
 STREET ADDRESS **6531 SE FEDERAL HIGHWAY**  
 CITY-ST-ZIP **STUART, FL 34997**

TITLE **VP** ☒ Delete  
 NAME **LOSIER, LEON**  
 STREET ADDRESS **7318 SE SWAN AVE**  
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **V.R** ☒ Change ☐ Addition  
 NAME **BATES, RICHARD L. SR**  
 STREET ADDRESS **945 SW ALL AMERICAN BLVD**  
 CITY-ST-ZIP **PALM CITY FL 34990-3811**

TITLE **T** ☒ Delete  
 NAME **BAILEY, MARGARET**  
 STREET ADDRESS **7255 RED BIRD CIRCLE**  
 CITY-ST-ZIP **HOBE SOUND FL 34994**

TITLE **T** ☒ Change ☐ Addition  
 NAME **GUIDER, MINNIE**  
 STREET ADDRESS **8083 SE SARATOGA DRIVE**  
 CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE **SD** ☐ Delete  
 NAME **NASSE, CHARLOTTE**  
 STREET ADDRESS **7245 SE RED BIRD CIR**  
 CITY-ST-ZIP **HOBE SOUND FL**

TITLE **SD** ☐ Change ☐ Addition  
 NAME **NASSE CHARLOTTE**  
 STREET ADDRESS **7245 SE RED BIRD CIRCLE**  
 CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE **CD** ☒ Delete  
 NAME **CHAMBERS, VEE**  
 STREET ADDRESS **11975 S.E. PLUTUS AVE**  
 CITY-ST-ZIP **HOBE SOUND FL 33455**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:** *Simonne Remillard*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 6 - 2001*

Date

Daytime Phone #

CR2E037 (10/00)