

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90016 016 \*\*\*\*61.25

**DOCUMENT # N14056**

1. Entity Name

**PORT ORANGE CHAPTER #3890 OF AMERICAN ASSOCIATIO**

Principal Place of Business

Mailing Address

LESKO GILBERT C  
 357 HEARTHSTONE TERR  
 PORT ORANGE FL 32127  
 US

LESKO GILBERT C  
 357 HEARTHSTONE TERR  
 PORT ORANGE FL 32127  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

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

TUCKER, JOSEPH L  
 906 GINGER TREE PL  
 PORT ORANGE FL 32127

Name  
**TUCKER, JOSEPH L.**  
 Street Address (P.O. Box Number is Not Acceptable)

**906 GINGER TREE PL**

City **PORT ORANGE** FL Zip Code **32127**

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 Joseph L. Tucker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

APRIL 20, 2001

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	<b>P</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>MORRILL, IRVINE</b>	<b>834 WILDWOOD CR</b>	<b>PORT ORANGE FL 32127</b>							
	<b>1VP</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>WATTENBARGER, FRANCES</b>	<b>5928 CLAYS MILL DR</b>	<b>PORT ORANGE FL 32127</b>							
	<b>D</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>KOHNKEN, HERMAN</b>	<b>5435 ORANGE AVE.</b>	<b>PORT ORANGE FL 32127</b>							
	<b>S</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>VICKERS, JEAN</b>	<b>650 WILLOW DRIVE</b>	<b>NEW SMYRNA BEACH FL</b>							
	<b>DVP</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>LESKO, GILBERT C</b>	<b>357 HEARTHSTONE TERR</b>	<b>PT ORANGE FL 32127</b>							
	<b>DVP</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>TUCKER, JOSEPH</b>	<b>906 GINGER TREE PLACE</b>	<b>PT ORANGE FL</b>							

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: Joseph L. Tucker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 20, 2001

Date Daytime Phone #

CR2E037 (10/00)