

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20109

1. Entity Name

SANTA ROSA COUNTY CHAPTER #4018 OF AMERICAN ASSO

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90244 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O BUBY HUBBARD  
P O BOX 843  
MILTON FL 32572  
US

C/O BUBY HUBBARD  
P O BOX 843  
MILTON FL 32572-0843  
US

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

33-0196810

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

HUBBARD, RUBY  
P O BOX 843  
~~2800 MYREE LANE~~  
MILTON FL 32572

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 ☐ Delete  
NAME HUBBARD, BUBY RUDY  
STREET ADDRESS P O BOX 843  
CITY-ST-ZIP MILTON FL 32572

TITLE D ☐ Delete  
NAME WILSON, LUTHER  
STREET ADDRESS 5834 CREPE MYRTLE LN  
CITY-ST-ZIP MILTON FL 32579

TITLE D ☒ Delete  
NAME GROVE, RON  
STREET ADDRESS 5985 RIDGECREST CIR  
CITY-ST-ZIP MILTON FL 32570

TITLE D ☐ Delete  
NAME CARTER, DON  
STREET ADDRESS 5149 HAMILTON LN  
CITY-ST-ZIP MILTON FL 32571

TITLE D ☐ Delete  
NAME BUTLER, KEITH  
STREET ADDRESS 133 SPRINGDALE DR  
CITY-ST-ZIP MILTON FL 32570

TITLE D ☒ Delete  
NAME MARTIN, MYREE  
STREET ADDRESS 2800 MYREE LANE  
CITY-ST-ZIP MILTON FL

TITLE ROBERT HAYDEN ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 5409 POND VIEW LN  
CITY-ST-ZIP MILTON FL 32570

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

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)