

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21988 ✓

1. Entity Name

Tri-County Florida, Chapter #317, Inc

Principal Place of Business

Mailing Address

2. Principal Place of Business

2224 5th Court SE

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, Fl.

City & State

4. FEI Number

59-2748620

Applied For

✓ Not Applicable

Zip

32962

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Ruthann Hodgson
1986 21st St.
Vero Beach, Fl. 32966

7. Name and Address of New Registered Agent

Name

Ann Wood

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

2224 5th Court SE

City

Vero Beach

FL

Zip Code

32962

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 Ann Wood

Ann Wood

4-2-00

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

TITLE	PDT	<input type="checkbox"/> Delete
NAME	Ann Wood	
STREET ADDRESS	2224 5th Court SE	
CITY-ST-ZIP	Vero Beach, Fl. 32962	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	Lynne Dunton	
STREET ADDRESS	922 SW 35th Ave	
CITY-ST-ZIP	Boynton Beach, Fl. 33435	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Lea Marsh	
STREET ADDRESS	388 Rouse Rd.	
CITY-ST-ZIP	St. Pierre, Fl. 34946	
TITLE	D	<input type="checkbox"/> Delete
NAME	Sue Reed	
STREET ADDRESS	769 Tulip Blvd.	
CITY-ST-ZIP	Port St. Lucie, Fl. 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800003237098--5	
CITY-ST-ZIP	-05/03/00--01075--013	
	*****61.25 *****61.25	
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SP

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: Ann B. Wood Ann B Wood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-00 561-562-8972

Date

Daytime Phone #

CR2E037 (9/99)