

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90202 049 ****61.25

DOCUMENT # N30449

1. Entity Name

WEST CENTRAL FLORIDA CHAPTER OF THE AMERICAN EX-

Principal Place of Business

Mailing Address

P O BOX 256
 HOLDER FL 34445
 US

P O BOX 256
 HOLDER FL 34445-0256
 US

80002352



DO NOT WRITE IN THIS SPACE

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

KERNS, RICHARD
3195 SW 183RD TERRACE
#48
DUNNELLON FL 34432

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **ROBINSON, DOUGLAS**
 CITY-ST-ZIP **8613 E. GOSPEL IS. RD., #48**
INVERNESS FL

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KERNS, RICHARD**
 CITY-ST-ZIP **3195 S.W. 183RD TERRACE**
DUNNELLON FL

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **NEWSOM, MELVIN**
 CITY-ST-ZIP **4318 S. FLORIDA AVE., #9**
INVERNESS FL

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

TITLE ☒ Delete
 NAME **SD**
 STREET ADDRESS **ROBINSON, LILLIAN**
 CITY-ST-ZIP **8613 E. GOSPEL IS. RD., #48**
INVERNESS FL

TITLE ☒ Change ☐ Addition
 NAME **SD**
 STREET ADDRESS **DONALD KREMPER**
 CITY-ST-ZIP **9020-C S.W. 93 LANE**
OCALA, FL 34481

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **HAUSOLD, GEORGE**
 CITY-ST-ZIP **20575 SW 92NS LANE**
DUNNELLON FL 34431

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HAWORTH, ELSIE**
 CITY-ST-ZIP **215 S TYLOR ST**
BEVELRY HILLS FL 34465

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: *George Hausold*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Hausold

1/10/00

352-489-1114

Date

Daytime Phone #

CR2E037 (9/99)