

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31263

1. Entity Name

LAKE CITY FLORIDA CHAPTER #1872 OF AMERICAN ASSO

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90159 019 *****61.25

0006321

Principal Place of Business

MASONIC HALL
2685 MCFARLANE AVE.
LAKE CITY FL 32055
US

Mailing Address

RT 12 BOX 153
LAKE CITY FL 32025
US

2. Principal Place of Business

3. Mailing Address

203 Country Club Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake City, Florida

4. FEI Number

23-7392227

Applied For

Not Applicable

Zip

Country

Zip

Country

32025

Columbia

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAUL, MATTIE
RT. 12 BOX 153
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name
Thomas F. Blackwell
Street Address (P.O. Box Number is Not Acceptable)
203 Country Club Road

City
Lake City

FL

Zip Code
32025

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 Thomas F. Blackwell

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Thomas F. Blackwell
4/9/01

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	P	<input checked="" type="checkbox"/> Delete
NAME	PAUL, MATTIE	
STREET ADDRESS	RT 12 BOX 153	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JONES, JEAN P	
STREET ADDRESS	RT 19 BOX 1349	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHIRK, RUTH	
STREET ADDRESS	RT 14 BOX 333	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JONES, JEAN P	
STREET ADDRESS	RT 19 BOX 1349	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BAYLESS, GEORGE	
STREET ADDRESS	ROUTE 9, BOX 382	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BAYLESS, PATRICIA	
STREET ADDRESS	ROUTE 9, BOX 382	
CITY-ST-ZIP	LAKE CITY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas F. Blackwell	
STREET ADDRESS	203 Country Club Road	
CITY-ST-ZIP	Lake City, Florida 32025	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benita Markham	
STREET ADDRESS	Rt. 19 Box 1464	
CITY-ST-ZIP	Lake City, Florida 32025	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Blackwell	
STREET ADDRESS	203 Country Club Road	
CITY-ST-ZIP	Lake City, Florida 32025	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joy Thorndike	
STREET ADDRESS	Rt. 12, Box 254	
CITY-ST-ZIP	Lake City, Florida 32025	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothea Wacker	
STREET ADDRESS	1306 Lakewood Circle	
CITY-ST-ZIP	Lake City, Florida 32025	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruth Shirk	
STREET ADDRESS	Rt. 14 Box 333	
CITY-ST-ZIP	Lake City, Florida 32024	

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

Thomas F. Blackwell

04-09-01 (904) 752-2350

Date

Daytime Phone #

CR2E037 (10/00)