

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31610

1. Entity Name

OAK RUN-OCALA CHAPTER #4374 OF AMERICAN ASSOCIAT

Principal Place of Business

8987 SW 108 PL  
OCALA FL 34481

Mailing Address

8987 SW 108 PL  
OCALA FL 34481-5334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALFA, GRACE P  
8987 SW 108TH PL  
OCALA FL 34481

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 PD ☐ Delete  
NAME MALFA, GRACE P  
STREET ADDRESS 8987 SW 108 PL  
CITY-ST-ZIP Ocala FL 34481

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

TITLE S ☐ Delete  
NAME CLARK, RUTH  
STREET ADDRESS 8449 SW 108 PL  
CITY-ST-ZIP Ocala FL 34481

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

TITLE D ☒ Delete  
NAME BRUNO, ANTHONY "TONY"  
STREET ADDRESS 8371 S. W. 108TH PLACE  
CITY-ST-ZIP Ocala FL 34481

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME JOHN WEISS  
STREET ADDRESS 8006 SW 115 LOOP  
CITY-ST-ZIP Ocala, FLA 34476

TITLE T ☐ Delete  
NAME PIZZIMENTI, SUSAN  
STREET ADDRESS 9072 SW 109 LANE  
CITY-ST-ZIP Ocala FL 34481

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

TITLE VP ☐ Delete  
NAME PRESCOTT, DON  
STREET ADDRESS 8186 SW 108TH ST  
CITY-ST-ZIP Ocala FL

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

TITLE D ☐ Delete  
NAME MULLER, WILLIAM  
STREET ADDRESS 8777 SW 116TH PL RD  
CITY-ST-ZIP Ocala FL

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:

*Grace P. Malfa* GRACE P. MALFA 3/15/00 352-854-6074  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Apr 03, 2000 8:00 am  
Secretary of State

04-03-2000 90187 027 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3069719 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (9/99)