

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90140 035 ****61.25

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

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

94-3069719

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

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 **DIRECTOR** ☐ Change ☒ Addition
 NAME **ROSEMARY FERON**
 STREET ADDRESS **8642 SW 108 PL**
 CITY-ST-ZIP **OCALA, FLA. 34481**

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 WEISS, JOHN
 STREET ADDRESS 8006 SW 115 LOOP
 CITY-ST-ZIP Ocala FL 34476

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

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:

Signature of Grace P. Malfa
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 2001
 Date
 352-854-6074
 Daytime Phone #

CR2E037 (10/00)