

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34569

1. Entity Name

SOUTH DADE CHAPTER #4463 OF AMERICAN ASSOCIATION

Principal Place of Business

1ST NATIONAL BANK
PIONEER ROOM
HOMESTEAD FL 33030
US

Mailing Address

987 NE 5TH AVE
HOMESTEAD FL 33030-4917
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-3092425

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

TRANHAM, CLYDE J
987 NE 5TH AVE
HOMESTEAD FL 33030

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

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

(NOTE: Registered Agent signature required when reinstating)

5/10/00
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	D	NAME	RODELY, CLARENCE H.	STREET ADDRESS	1520 NE 14 ST	CITY-ST-ZIP	HOMESTEAD FL	<input type="checkbox"/> Delete
TITLE	P	NAME	CRAY, BETTY	STREET ADDRESS	2527 SE 20TH PL.	CITY-ST-ZIP	HOMESTEAD FL 33035-1308	<input type="checkbox"/> Delete
TITLE	D	NAME	GUNDERSON, ROGER	STREET ADDRESS	1632 N DOLGENEY LANE	CITY-ST-ZIP	HOMESTEAD FL	<input checked="" type="checkbox"/> Delete
TITLE	P	NAME	LOWMAN, MARTHA	STREET ADDRESS	445 NW 13TH ST	CITY-ST-ZIP	HOMESTEAD FL 33030	<input type="checkbox"/> Delete
TITLE	D	NAME	TRANHAM, CLYDE	STREET ADDRESS	987 NE 5TH AVE	CITY-ST-ZIP	HOMESTEAD FL	<input type="checkbox"/> Delete
TITLE	D	NAME	EUNICE, AMELIA	STREET ADDRESS	24700 SW 187TH AVE	CITY-ST-ZIP	HOMESTEAD FL 33031	<input type="checkbox"/> Delete

TITLE	VP	NAME	GARCERA, LOUIS	STREET ADDRESS	14915 GARFIELD DRIVE	CITY-ST-ZIP	HOMESTEAD FL 33032	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		NAME	MARQUEZ, MARGIEZ	STREET ADDRESS	26467 SW 126 AVE	CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		NAME	10566 126 AVE	STREET ADDRESS	AA 301	CITY-ST-ZIP	HOMESTEAD FL 33030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	NAME	Halm 2561ba	STREET ADDRESS	23105 SW 182 AVE	CITY-ST-ZIP	Miami FL 33170	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *ELIZABETH B. CRAY*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/00
Date

305-230-0175
Daytime Phone #

CR2E037 (9/99)