

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90059 009 ****70.00

DOCUMENT # N43400

1. Entity Name

FLORIDA STATE LST CHAPTER, INC.

Principal Place of Business

Mailing Address

7802-48TH AVE E
 BRADENTON FL 34203
 US

7802-48TH AVE E
 BRADENTON FL 34203-7951
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0186679

Applied For
 Not Applicable

Zip

Country

Manatee

Zip

Country

Manatee

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALCOLM, M.M.
 7802-48TH AVE E
 BRADENTON FL 34203

-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 *M.M. Malcolm - President*

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

M.M. Malcolm

(NOTE: Registered Agent signature required when reinstating)

2-4-2000

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	P	<input type="checkbox"/> Delete
NAME	MALCOLM, M.M.	
STREET ADDRESS	7802 48TH AVE. E.	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KENLINE, BRUCE	
STREET ADDRESS	3401 WOOD CR.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT J	
STREET ADDRESS	939 SIDNEY TERRACE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAVIS, LEROY D.	
STREET ADDRESS	302 52ND AVE TERR E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWEN, MERLIN P.	
STREET ADDRESS	9189 FONTAINE DRIVE	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEEB, RALPH B.	
STREET ADDRESS	5250 MANZ PL #310	
CITY-ST-ZIP	SARASOTA FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *M.M. Malcolm*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/2000

941-752-0036

Daytime Phone #

CR2E037 (9/99)