2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2001 8:00 am Secretary of State DOCUMENT # N43400 1. Entity Name FLORIDA STATE LST CHAPTER, INC. 01-26-2001 90038 020 ****70.00 Principal Place of Business Mailing Address 7802-48TH AVE E 7802-48TH AVE E **BRADENTON FL 34203 BRADENTON FL 34203** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0186679 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MALCOLM, M.M. 7802-48TH AVE E **BRADENTON FL 34203** Zip Code FL 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MALCOLM, M.M. NAME 7802 48TH AVE. E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME KENLINE, BRUCE NAME 3401 WOOD CR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition SMITH, ROBERT J NAME NAME STREET ADDRESS 939 SIDNEY TERRACE STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DAVIS, LEROY D. NAME NAME STREET ADORESS 302 52ND AVE TERR E STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP Donald H. Hunniaut TITLE 🗖 Delete TITLE ☐ Change **⊠** Addition OWEN, MERLIN P. NAME 414 overbrook Dr. NAME STREET ADDRESS 9189 FONTAINE DRIVE STREET ADDRESS CITY-ST-ZIP Jackson ville, Fl. 32225 **BROOKSVILLE FL 34613** CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change STEEB. RALPH B. NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

5250 MANZ PL #310

SARASOTA FL

STREET ADDRESS

CITY-ST-ZIP

1/17/2001