

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44810

1. Entity Name

NORTH OKALOOSA COUNTY CHAPTER #4675 OF AMERICAN

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90249 021 \*\*\*\*61.25

Principal Place of Business	Mailing Address
198 SOUTH WILSON ST. CRESTVIEW FL 32536 US	198 S WILSON ST CRESTVIEW FL 32536-4048 US

2. Principal Place of Business	3. Mailing Address
198 South Wilson St.	198 South Wilson St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
CRESTVIEW, FL.	CRESTVIEW, FL.
Zip	Zip
32536	32536
Country	Country
OKALOOSA	OKALOOSA

4. FEI Number	Applied For
52-1702055	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BRANCH, JOHN M 540 RED BIRD LANE HOLT FL 32564

7. Name and Address of New Registered Agent		
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	2/24/00
Signature, typed or printed name of registered agent and title if applicable.	DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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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:	2/24/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE

CR2E037 (9/99)