

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90213 040 ****61.25

DOCUMENT # N45272

1. Entity Name

APOPKA CHAPTER #4664 OF AMERICAN ASSOCIATION OF

Principal Place of Business

Mailing Address

**FRAN CARTON CENTER
11 N FOREST AVE
APOPKA FL 32703
US**

**P.O. BOX 1856
APOPKA FL 32704**

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

94-3114521

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

**WEINGARTNER, WILLIAM
209 BONNIE GLEN LANE
APOPKA FL 32712**

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

William Weingartner

WILLIAM WEINGARTNER

JAN 15, 2001

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
NAME MCCORMICK, EDWARD ☒ Delete
STREET ADDRESS 1066 INTERLAKEN WAY
CITY-ST-ZIP APOPKA FL 32703

TITLE PD ☒ Change ☐ Addition
NAME NAOMI SNYDER
STREET ADDRESS 1455 MARGARET CRESCENT DR
CITY-ST-ZIP APOPKA, FL 32703

TITLE VD ☒ Delete
NAME SNYDER, NAOMI
STREET ADDRESS 1455 MARGARET CRESCENT DR
CITY-ST-ZIP APOPKA FL 32703

TITLE VD ☒ Change ☐ Addition
NAME TOM COLLINS
STREET ADDRESS 831 LOCH CALDER
CITY-ST-ZIP APOPKA, FL 32712

TITLE S ☒ Delete
NAME MYERS, JEAN
STREET ADDRESS 5129 HARBOR VALLEY
CITY-ST-ZIP APOPKA FL 32712

TITLE S ☒ Change ☐ Addition
NAME MAC FRASIER
STREET ADDRESS 4648 CHANDLER RD
CITY-ST-ZIP APOPKA, FL #@&!@

TITLE T ☐ Delete
NAME WEINGARTNER, WILLIAM
STREET ADDRESS PO BOX 1856 N/A
CITY-ST-ZIP APOPKA FL 32704

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *William Weingartner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 15, 2001

Date

407-889-9265

Daytime Phone #

CP2E037 (10/00)