

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49712

1. Entity Name

GREATER NORTHERN PALM BEACH CHAPTER #4736 OF AME

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90115 019 ****61.25

Principal Place of Business

Mailing Address

340 AUSTRALIAN CIRCLE
LAKE PARK FL 33403

340 AUSTRALIAN CIRCLE
LAKE PARK FL 33403-2611

2. Principal Place of Business

3602 Lakemont Court

3. Mailing Address

3602 Lakemont Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

4. FEI Number

52-1758846

Applied For

Not Applicable

Zip

33410

Country

USA

Zip

33410

Country

USA

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

DANIELS, BRUCE J
336 GULFVIEW DR
#910
NORTH PALM BEACH FL 33408

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

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 ☒ Delete
NAME GIANASI, CHARLES A MD
STREET ADDRESS 340 AUSTRALIAN CIRCLE
CITY-ST-ZIP LAKE PARK FL 33403

TITLE PD ☒ Change ☐ Addition
NAME SCRIBA, SAM
STREET ADDRESS 3602 Lakemont Court
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE VPD ☒ Delete
NAME FREEMAN, Z
STREET ADDRESS 439 DATE PALM DRIVE
CITY-ST-ZIP LAKE PARK FL 33403

TITLE VPD ☒ Change ☐ Addition
NAME KUIPER, ARTHUR
STREET ADDRESS 3058 Guava Street
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE SD ☒ Delete
NAME FORSYTH, ETHEL
STREET ADDRESS 1203 SUN TERRACE CT.
CITY-ST-ZIP PALM BEACH GARDENS FL 33403

TITLE SD ☒ Change ☐ Addition
NAME ANDERSON, LYNNE
STREET ADDRESS 903 Lake Shore Drive, Apt. 114D
CITY-ST-ZIP Lake Park, FL 33403

TITLE TD ☒ Delete
NAME VREELAND, KEITH
STREET ADDRESS 14614 TANGELO BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33463

TITLE TD ☒ Change ☐ Addition
NAME ROWE, NANCY C
STREET ADDRESS 9481 Dawnridge Street
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE D ☒ Delete
NAME DANIELS, BRUCE
STREET ADDRESS 336 GULFVIEW DRIVE #1018
CITY-ST-ZIP NORTH PALM BEACH FL

TITLE D ☒ Change ☐ Addition
NAME GIANASI, CHARLES A. MD
STREET ADDRESS 340 Australian Circle
CITY-ST-ZIP Lake Park, FL 33403

TITLE D ☒ Delete
NAME ADOLPH, JAY
STREET ADDRESS 10690 AVENUE J
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE D ☒ Change ☐ Addition
NAME DANIELS, BRUCE J.
STREET ADDRESS 336 Gulfview Drive, #910
CITY-ST-ZIP North Palm Beach, FL 33408

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: CHARLES A. GIANASI, MD DIRECTOR 4-19-00 561-848-8385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)