

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90095 034 ****61.25

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DOCUMENT # N920000000079

1. Entity Name

EAST HERNANDO CHAPTER #4765 OF AMERICAN ASSOCIAT

Principal Place of Business

Mailing Address

C/O ARTHUR BOEHLING
 30435 PARK RIDGE DR.
 BROOKSVILLE FL 34602
 US

30435 PARK RIDGE DRIVE
 BROOKSVILLE FL 34602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOEHLING, ARTHUR H
 30435 PARK RIDGE DRIVE
 BROOKSVILLE FL 34602

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
 NAME BOEHLING, AUTHUR H ☐ Delete
 STREET ADDRESS 30435 PARK RIDGE DRIVE
 CITY-ST-ZIP BROOKSVILLE FL 34602

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

TITLE VD ☒ Delete
 NAME MOCKLER, ARTHUR H
 STREET ADDRESS 7130 LEXINGTON CIRCLE
 CITY-ST-ZIP BROOKSVILLE FL 34602

TITLE ☒ Change ☐ Addition
 NAME Mockler, Betty
 STREET ADDRESS 7130 Lexington Circle
 CITY-ST-ZIP Brooksville, FL 34602

TITLE SD ☐ Delete
 NAME FANITNE, RITA
 STREET ADDRESS 6383 SHADYWOOD LANE
 CITY-ST-ZIP BROOKSVILLE FL 34602

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

TITLE TD ☐ Delete
 NAME WALTON, MAZIE
 STREET ADDRESS 31204 LANCEWOOD DRIVE
 CITY-ST-ZIP BROOKSVILLE FL 34602

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

TITLE D ☐ Delete
 NAME BOEHLING, RUTH
 STREET ADDRESS 30435 PARK RIDGE DRIVE
 CITY-ST-ZIP BROOKSVILLE FL 34602-7537

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

TITLE D ☐ Delete
 NAME BEYER, MARGARET
 STREET ADDRESS 30440 WILLOWBANK AVE
 CITY-ST-ZIP BROOKSVILLE FL 34602

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: *M. Walton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01
 Date

(352) 799-1730
 Daytime Phone #

CR2E037 (10/00)