

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001400

1. Entity Name

WILDWOOD CHAPTER #4839 OF AMERICAN ASSOCIATION O

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90017 016 \*\*\*\*61.25

Principal Place of Business Mailing Address  
402 OXFORD ST 510 LIVE OAK LN  
WILDWOOD FL 34785 WILDWOOD FL 34785-9363  
US US

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 52-1785860 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

WENTZ, DALE F.  
510 LIVE OAK LN  
WILDWOOD FL 34785

Name Virginia E. Melisi  
Street Address (P.O. Box Number is Not Acceptable)  
606 Sunnyside  
City Wildwood FL Zip Code 34785

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 *Virginia E. Melisi, Treasurer* 4/4/2000  
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	P	<input type="checkbox"/> Delete
NAME	COLLIER, JAMES L	
STREET ADDRESS	102 S. WARFIELD AVE	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WENTZ, DALE F.	
STREET ADDRESS	510 LIVE OAK LN	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WING, LOUISE	
STREET ADDRESS	103 HUEY STREET	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HOYLE, JUNE	
STREET ADDRESS	807 EAST LIVE OAK	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARK, EDNA	
STREET ADDRESS	249 W. PALM AVE	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHULZ, O. WILLIAM	
STREET ADDRESS	505 BARWICK ST	
CITY-ST-ZIP	WILDWOOD FL 34785	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nicholas Buscolas	
STREET ADDRESS	809 Carol St.	
CITY-ST-ZIP	Wildwood, FL. 34785	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Virginia E. Melisi	
STREET ADDRESS	606 Sunnyside	
CITY-ST-ZIP	Wildwood FL. 34785	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Penny Roberts	
STREET ADDRESS	7246 E SR 44 Lot 16	
CITY-ST-ZIP	Wildwood, FL. 34785	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shirley Insell	
STREET ADDRESS	1106 Wisteria Dr.	
CITY-ST-ZIP	Wildwood, FL. 34785	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jenny Wentz	
STREET ADDRESS	510 Live Oak Lane	
CITY-ST-ZIP	Wildwood, FL. 34785	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marjorie Jones	
STREET ADDRESS	506 Sandalwood Lane	
CITY-ST-ZIP	Wildwood FL. 34785	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Virginia E. Melisi* 4/12/2000 352-748-7958  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E037 (9/99)