

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90002 037 \*\*\*\*61.25

**DOCUMENT # N94000002070**

1. Entity Name

**WINTER SPRINGS CHAPTER #4949 OF AMERICAN ASSOCIA**

Principal Place of Business

Mailing Address

1510 CARDINAL ST.  
 LONGWOOD FL 32750  
 US

1510 CARDINAL ST.  
 LONGWOOD FL 32750-3107  
 US

00002704



DO NOT WRITE IN THIS SPACE

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

**59-3379864**

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

**POHLMAN, MAYE**  
 1510 CARDINAL ST.  
 LONGWOOD FL 32750

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	POHLMAN, MATE	
STREET ADDRESS	1510 CARDINAL ST.	
CITY - ST - ZIP	LONGWOOD FL 32750	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROBELLI, EUGENE	
STREET ADDRESS	1003 PEBBLE BEACH CR	
CITY - ST - ZIP	WINTER SPRINGS FL 32708	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KREINER, ISLA	
STREET ADDRESS	806 BIG BUCK CR.	
CITY - ST - ZIP	WINTER SPRINGS FL 32708	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILSON, KENNEDY	
STREET ADDRESS	146 B SPRINGWOOD CIRCLE	
CITY - ST - ZIP	LONGWOOD FL 32750-5012	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANGDON, ALBERT	
STREET ADDRESS	76 MAJORCA CR.	
CITY - ST - ZIP	WINTER SPRINGS FL 32708	
TITLE	C	<input type="checkbox"/> Delete
NAME	KAMPHAUS, JANET	
STREET ADDRESS	697 BEAR CREEK CR.	
CITY - ST - ZIP	WINTER SPRINGS FL 32708	

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	VP ALBERT LANGDON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	76 MAJORCA CR	
24 CITY - ST - ZIP	WINTER SPRINGS FL 32708	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	T PAUL KAMPHAUS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	697 BEAR CREEK CR	
44 CITY - ST - ZIP	WINTER SPRINGS FL 32708	
51 TITLE	D FRANCES RAYL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	347 FAIRGREEN PL	
54 CITY - ST - ZIP	CASSELBERRY FL 32707	
61 TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	JANET KAMPHAUS	
63 STREET ADDRESS	697 BEAR CREEK CR	
64 CITY - ST - ZIP	WINTER SPRINGS FL 32708	

CR2E037 (1)

12. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report as required, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MAYE POHLMAN PRES**  
**JANET KAMPHAUS**

4-17-00

The exception stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information provided and that my signature shall have the same legal effect as if made under oath; that I am an officer of this report as required by Chapter 617, Florida Statutes; and that my name appears in

Attachment  
00052764  
DH N4400002070

D - MARY LOU KOSS  
423-17 SHEPARD BLVD  
WINTER SPRINGS FL 32708

D - Bob MAHON  
1015 ANTELOPE TER  
WINTER SPRINGS FL 32708