

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002900

1. Entity Name

MID-ORLANDO CHAPTER #5046 OF AMERICAN ASSOCIATO

Principal Place of Business

Mailing Address

20535 NEWBY ST  
ORLANDO FL 32833  
US

20535 NEWBY ST  
ORLANDO FL 32833-4354  
US

2. Principal Place of Business

3. Mailing Address

9947 DEAN OAKS CT

9947 DEAN OAKS CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

52-1892261

☒ Applied For

☐ Not Applicable

Zip

32825

Country

ORANGE

Zip

32825

Country

ORANGE

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

SARGENT, PHILBROOK F.  
12 W. VANDERBILT ST.  
ORLANDO FL 32804

Name HELEN F. STAUFFER

Street Address (P.O. Box Number is Not Acceptable)

9947 DEAN OAKS CT

City

ORLANDO

FL

Zip Code

32825

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 HELEN S. STAUFFER

Signature, typed or printed name of registered agent and title if applicable

Helen F. Stauffer

(NOTE: Registered Agent signature required when reinstating)

4/21/00

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 BRONSON, MARY E  
STREET ADDRESS 20535 NEWBY ST  
CITY-ST-ZIP ORLANDO FL 32833

TITLE PD ☒ Change ☐ Addition  
NAME STRANGE, William J.  
STREET ADDRESS P O Box 311  
CITY-ST-ZIP ORLANDO FL 32802

TITLE VD ☒ Delete  
NAME SATTERFIELD, PATTY  
STREET ADDRESS 7140 CITRUS AVE  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE VD ☒ Change ☐ Addition  
NAME SARPUCCI, FRANK  
STREET ADDRESS 1332 W. YALE ST  
CITY-ST-ZIP ORLANDO FL 32804

TITLE SD ☒ Delete  
NAME KRSTULICH, ARLENE  
STREET ADDRESS 2001 GLEN RIDGE WAY SUITE 63  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE SD ☒ Change ☐ Addition  
NAME GENNARI, LEE  
STREET ADDRESS 7529 COMPASS DR  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE TD ☒ Delete  
NAME LEONARD, SUE  
STREET ADDRESS 352 SULTANA LANE  
CITY-ST-ZIP MAITLAND FL 32751

TITLE TD ☒ Change ☐ Addition  
NAME STAUFFER, HELEN  
STREET ADDRESS 9947 DEAN OAKS CT  
CITY-ST-ZIP ORLANDO FL 32825

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: SIGNATURE REQUIRED HELEN S. STAUFFER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

DATE

407-277-9323

Daytime Phone #

CR2E037 (9/99)