

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90197 043 \*\*\*\*61.25

**DOCUMENT # N95000002900**

1. Entity Name

**MID-ORLANDO CHAPTER #5046 OF AMERICAN ASSOCIATO**

Principal Place of Business

9947 DEAN OAKS CT  
 ORLANDO FL 32825  
 US

Mailing Address

9947 DEAN OAKS CT  
 ORLANDO FL 32825  
 US

2. Principal Place of Business

9947 DEAN OAKS CT  
 Suite, Apt. #, etc.

3. Mailing Address

9947 DEAN OAKS CT  
 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

STAUFFER, HELEN F  
 9947 DEAN OAKS CT  
 ORLANDO FL 32825

7. Name and Address of New Registered Agent

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 F STAUFFER

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

Helen F. Stauffer  
 (NOTE: Registered Agent signature required when reinstating)

5/1/01  
 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 ☐ Delete  
 NAME STRANGE, WILLIAM J  
 STREET ADDRESS P O BOX 311  
 CITY-ST-ZIP ORLANDO FL 32801

TITLE VD ☐ Delete  
 NAME SARDUCCI, FRANK  
 STREET ADDRESS 1332 W YALE ST  
 CITY-ST-ZIP ORLANDO FL 32804

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

TITLE TV ☐ Delete  
 NAME STAUFFER, HELEN  
 STREET ADDRESS 9947 DEAN OAKS CT  
 CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
 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 F STAUFFER 5/1/01 407/277-9323

CR2E037 (10/00)