

# 2000 UNIFORM BUSINESS REPORT (UBR)

0002316

DOCUMENT # N95000004988

1. Entity Name

GREATER OVIEDO CHAPTER #5067 OF AMERICAN ASSOCIA

Principal Place of Business

272 N POST WAY  
CASSELBERRY FL 32707  
US

Mailing Address

272 N POST WAY  
CASSELBERRY FL 32707  
US

2. Principal Place of Business

7823 C SHOALS DRIVE  
Suite, Apt. #, etc.

3. Mailing Address

7823 C SHOALS DRIVE  
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando, FL

Zip

32817

Country

USA

Zip

32817

Country

USA

4. FEI Number

52-1863498

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, BILLIE C  
272 N POST WAY  
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

JAMES G. CRYSTLE

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

7823 C SHOALS DRIVE

City

Orlando

FL

Zip Code

32817

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)

8/13/2000  
DATE

FILE NOW: FEE IS \$61.25  
After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, BILLIE C 272 N POST WAY CASSELBERRY FL 32707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FIEDLER, ED 2676 RUNNING SPRINGS LOOP OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOWELL, GAYLE 1292 SCANDIA TERR OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHENS, DONALD 4107 THATCH PALM COURT OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAUST, FRED 1010 CUTOFF BRANCH CT OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDER, ANN 2676 RUNNING SPRINGS LOOP OVIEDO FL 32765	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES G. CRYSTLE 7823 C SHOALS DR Orlando FL 32817	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAM J. ODAHOWSKI 1155 KERRWOOD CIRCLE OVIEDO, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE TUES. PH2 COURSER 4457 WYKODCIEFF CIRCLE Orlando FL 32817-3314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900003534179--2 -01/12/01--01013--001 *****81.25 *****81.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900003534179--2 -01/12/01--01013--002 ****175.00 ****175.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES G. CRYSTLE  
8/13/2000 (407-671-2782)

Date

Daytime Phone #

KE

CR2E037 (5/00)

FILED

00 DEC 29 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT