

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90057 036 ****61.25

DOCUMENT # N95000005192

1. Entity Name
BOYNTON LAKES CHAPTER #5112 OF AMERICAN ASSOCIAT

Principal Place of Business Mailing Address
 26 WINCHMORE LANE 26 WINCHMORE LANE
 LANTANA FL 33462 LANTANA FL 33462

2. Principal Place of Business 3. Mailing Address
6 Hammond Place
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Boynton Beach
 Zip Country Zip Country
33426



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent
BERTOLINE, ROSE
112 MAYFAIR LANE
BOYNTON BCH FL 33426
 7. Name and Address of New Registered Agent
 Name *Sadie Ruggieri*
 Street Address (P.O. Box Number is Not Acceptable) *1 Brompton Road*
 City *Boynton Beach FL* Zip Code *33426*

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]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEES 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 NAME STREET ADDRESS CITY-ST-ZIP	P CLAPS, FRANK 6 HAMMOND PL BOYNTON BCH FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ELLIOTT, ANITA 13 MAYFAIR LANE BOYNTON BCH FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICHOLS, BETTY 26 WINCHMNER AVE BOYNTON BCH FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Gerry Pedita</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>67 Mayfair Lane</i> <i>Boynton Beach 33426</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERTOLINI, ROSE 112 MAYFAIR LANE LK WORTH FL 33462 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sadie Ruggieri</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>1 Brompton Road</i> <i>Boynton Beach 33426</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, EILEEN 84 MAYFAIR LANE LANTANA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Rose Bertolini</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>112 Mayfair Lane</i> <i>Boynton Beach FL 33426</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PYNE, EMMY 30 PATTON LN LAKE WORTH FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date *4/11/00* Daytime Phone # *966-0284*

CR2E037 (9/99)