

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90087 011 ****61.25

DOCUMENT # N95000005516

1. Entity Name

AUBURNDALE FLORIDA CHAPTER #5084 OF AMERICAN ASS

Principal Place of Business

Mailing Address

117 PATTERSON DR
 AUBURNDALE FL 33823
 US

1060 HALF ACRE RD
 AUBURNDALE FL 33823-9518
 US

2. Principal Place of Business

1060 Half Acre Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Auburndale, FL 33823

City & State

4. FEI Number

52-1909535

Applied For

Not Applicable

Zip

33823

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOUGLAS, MIRIAM
1060 HALF ACRE ROAD
AUBURNDALE FL 33823

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)

Miriam E. Douglas, President

4/22/2000

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	<input type="checkbox"/> Delete
NAME	DOUGLAS, MIRIAM	
STREET ADDRESS	1060 HALF ACRE ROAD	
CITY - ST - ZIP	AUBURNDALE FL 33823	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HUSTED, CHARLES	
STREET ADDRESS	616 BENNETT ST	
CITY - ST - ZIP	AUBURNDALE FL 33823	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MERRILL, MINNIE	
STREET ADDRESS	713 ROSE ST, LOT 101	
CITY - ST - ZIP	AUBURNDALE FL 33823	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WATSON, PATRICIA	
STREET ADDRESS	158 HARBOR WAY	
CITY - ST - ZIP	AUBURNDALE FL 33823-2157	
TITLE	D	<input type="checkbox"/> Delete
NAME	MADTES, PAUL	
STREET ADDRESS	713 S ROSE ST LOT 18	
CITY - ST - ZIP	AUBURNDALE FL 33823	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARRISON, JOE	
STREET ADDRESS	149 KINSTLE AVE	
CITY - ST - ZIP	AUBURNDALE FL 33823	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Secretary/Treasurer ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothy Duncan	
STREET ADDRESS	376 Cherry Laurel Lane	
CITY - ST - ZIP	Winter Haven, FL 33880	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Miriam E. Douglas*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2000
 Date

863-665-8860
 Daytime Phone #