

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005516

1. Entity Name

AUBURNDAL FLORIDA CHAPTER #5084 OF AMERICAN ASS

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

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

Principal Place of Business

117 PATTERSON DR  
AUBURNDAL FL 33823  
US

Mailing Address

1060 HALF ACRE RD  
AUBURNDAL FL 33823-9518  
US

2. Principal Place of Business

1060 Half Acre Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Auburndale, FL 33823

City & State

Zip

33823

Country

USA

Country

4. FEI Number

52-1909535

Applied For

Not Applicable

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

DOUGLAS, MIRIAM  
1060 HALF ACRE ROAD  
AUBURNDAL 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

*Miriam E. Douglas, President*

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGLAS, MIRIAM 1060 HALF ACRE ROAD AUBURNDAL FL 33823	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUSTED, CHARLES 616 BENNETT ST AUBURNDAL FL 33823	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MERRILL, MINNIE 713 ROSE ST, LOT 101 AUBURNDAL FL 33823	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATSON, PATRICIA 158 HARBOR WAY AUBURNDAL FL 33823-2157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADTES, PAUL 713 S ROSE ST LOT 18 AUBURNDAL FL 33823	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRISON, JOE 149 KINSTLE AVE AUBURNDAL FL 33823	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer ST Dorothy Duncan 376 Cherry Laurel Lane Winter Haven, FL 33880 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Miriam E. Douglas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2000

863-465-8860

Date

Daytime Phone #