

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001055

1. Entity Name

SOUTHWEST ORLANDO CHAPTER #5103 OF AMERICAN ASSO

Principal Place of Business

Mailing Address

11971 OTTAWA AVENUE
ORLANDO FL 32837

11971 OTTAWA AVENUE
ORLANDO FL 32837-7738

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1930318

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

Name

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

City

FL

Zip Code

ANDERSEN, DOROTHY A
11971 OTTAWA AVENUE
ORLANDO FL 32837

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)

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 ☐ Delete
NAME ANDERSEN, DOROTHY A
STREET ADDRESS 11971 OTTAWA AVENUE
CITY-ST-ZIP ORLANDO FL 32837

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

TITLE VPD ☐ Delete
NAME FORTUNE, ALBERT DR
STREET ADDRESS 3749 DELTA DR
CITY-ST-ZIP ORLANDO FL 32837

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

TITLE SD ☒ Delete
NAME CADOGAN, ELSIE
STREET ADDRESS 14401 HUNTINGFIELD DR
CITY-ST-ZIP ORLANDO FL 32824

TITLE ☐ Change ☐ Addition
NAME ANN CHAMPLEY
STREET ADDRESS 11538 THURSTON WAY / Searcy
CITY-ST-ZIP ORLANDO FL 32837

TITLE TD ☐ Delete
NAME CHAPMAN, CHARLES W JR.
STREET ADDRESS 13416 BELOIT WOODS LANE
CITY-ST-ZIP ORLANDO FL 32824-9410

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

TITLE D ☒ Delete
NAME CHAMPLEY, ANN
STREET ADDRESS 11538 THURSTON WAY
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Change ☐ Addition
NAME DARLENE HURST
STREET ADDRESS 2735 ROLLING BROOK DR
CITY-ST-ZIP ORLANDO, FL 32837

TITLE D ☐ Delete
NAME ANDERSEN, RUSSELL A JR.
STREET ADDRESS 11971 OTTAWA AVENUE
CITY-ST-ZIP ORLANDO FL 32837

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90138 004 ****61.25



DO NOT WRITE IN THIS SPACE

Jan 25/00

407
856-3681