

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90091 015 ****61.25

DOCUMENT # N97000002212

1. Entity Name

TEMPLE TERRACE CHAPTER #5194 OF AMERICAN ASSOCIA

Principal Place of Business

6321 MISTY TERRACE
TEMPEL TERRACE FL
US

Mailing Address

6321 MISTY TERRACE
TEMPEL TERRACE FL
US

2. Principal Place of Business

9016 GROSSE POINTE CIR
Suite, Apt. #, etc.

3. Mailing Address

9016 GROSSE POINTE CIR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33635

Country

US

Zip

33635

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUNSINGER, BETTIE
6321 MISTY TERRACE
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

Name

CARL PETERS

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

9016 GROSSE POINTE CIRCLE

City

TAMPA

FL

Zip Code

33635

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

Carl W Peters

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

(NOTE: Registered Agent signature required when reinstating)

4/24/01

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

TITLE PD
NAME PLATE, ALICE ☒ Delete
STREET ADDRESS 6130 E WHITEWAY DRIVE
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE VD
NAME MARQUETTE, ROBERT ☒ Delete
STREET ADDRESS 6201 TANAGER PL
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE SD
NAME RUSH, NORMA ☒ Delete
STREET ADDRESS 17634 ESPRIT DR
CITY-ST-ZIP TAMPA FL 33647

TITLE SD
NAME CARTER, EVELYN ☐ Delete
STREET ADDRESS 11866 NORTHTRAIL AVE
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE D
NAME MULLEN, JAKE ☒ Delete
STREET ADDRESS 5104 PURITAN DRIVE
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE D
NAME EASLER, HERMAN ☒ Delete
STREET ADDRESS 402 S RIVERHILLS
CITY-ST-ZIP TEMPEL TERRACE FL 33617

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT/D ☐ Change ☒ Addition
NAME SHIRLEY ADEMA
STREET ADDRESS 630 HOLLAND AVENUE
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE VICE PRESIDENT/D ☐ Change ☒ Addition
NAME ALICE PLATE
STREET ADDRESS 8649 LAKE ISLE DRIVE
CITY-ST-ZIP TAMPA FL 33637

TITLE 2ND VICE PRESIDENT/D ☐ Change ☒ Addition
NAME HERMAN EASLER
STREET ADDRESS 402 S. RIVERHILLS DRIVE
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE SECRETARY/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ASST SECRETARY/D ☐ Change ☒ Addition
NAME KAY BATES
STREET ADDRESS 11862 NORTHTRAIL AVENUE
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE TREASURER/D ☐ Change ☒ Addition
NAME CARL PETERS
STREET ADDRESS 9016 GROSSE POINTE CIRCLE
CITY-ST-ZIP TAMPA FL 33635

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:

Carl W Peters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 (813) 885-5193

Date Daytime Phone #

CR2E037 (10/00)