

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002355

1. Entity Name

EAA CHAPTER 1181 INC.

FILED

Mar 27, 2002 8:00 am  
Secretary of State

03-27-2002 90096 048 \*\*\*\*70.00

Principal Place of Business

Mailing Address

39520 AVIATION AVE  
ZEPHYRHILLS FL 33540  
US

39520 AVIATION AVE  
ZEPHYRHILLS FL 33540  
US

2. Principal Place of Business

3. Mailing Address

5331 23RD ST  
Suite, Apt. #, etc.

5331 23RD ST  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State ZEPHYRHILLS, FL		City & State ZEPHYRHILLS, FL		4. FEI Number 59-3448953	Applied For Not Applicable
Zip 33540	Country USA	Zip 33540	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  TEICHMAN, BETTY H 39520 AVIATION AVE ZEPHYRHILLS FL 33540		7. Name and Address of New Registered Agent Name RITA DEBEER Street Address (P.O. Box Number is Not Acceptable) 5331 23RD STREET City ZEPHYRHILLS FL Zip Code 33540	
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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 RITA DEBEER-PRESIDENT Rita DeBeer 3-7-02  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD TEICHMAN, BEBE 39520 AVIATION AVE ZEPHYRHILLS FL 33540 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RITA DEBEER 5331 23RD ST. ZEPHYRHILLS, FL. 33540 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WERME, JIM P O BOX 508 TRILBY FL 33593 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EDWARD LARK 9218 SUNFLOWER DRIVE TAMPA, FL. 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TEICHMAN, DAVID 39520 AVIATION AVE ZEPHYRHILLS FL 33540 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HENRY E. RICKSON 3207 GULFWIND DR LADD O'LANES, FL 34639 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEBERR, RITA PO BOX 1714 ZEPHYRHILLS FL 33539 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JANE OPAKOWSKI SD PO BOX 1975 ZEPHYRHILLS, FL. 33539 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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: RITA DEBEER RITA DEBEER 3-7-02 813-782-1935  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)