

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003430

1. Entity Name

ENGLEWOOD, FLORIDA CHAPTER OF THE NATIONAL ASSOC

Principal Place of Business

Mailing Address

2560 PLACIDA RD
ENGLEWOOD FL 34224

704 W. VENICE AVE
VENICE FL 34285-2059

2. Principal Place of Business

3. Mailing Address

13801 S. TAMiami TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NORTH PORT, FL

Zip

Country

34287

USA

4. FEI Number

65-0801076

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

HEIST, H. ANTHONY
1661 ESTERO BLVD
SUITE 20
FT MYERS BEACH FL 33931

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KLINGLE, JOYCE	
STREET ADDRESS	22392 WESTCHESTER BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SPEEK, NANCY	
STREET ADDRESS	704 VENICE AVENUE WAY	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HART, CHRISTINE	
STREET ADDRESS	1600 ENGLEWOOD ROAD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANDOW, STEPHANIE	
STREET ADDRESS	704 W. VENICE AVE	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, GRETCHEN	
STREET ADDRESS	2256 KENYA LANE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORRAINE MATTHEWS	
STREET ADDRESS	13801 S. TAMiami TRAIL	
CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE	HELENE MACDONALD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	150 N. NOKOMIS AVE	
STREET ADDRESS	VENICE, FL 34285	
CITY-ST-ZIP	DS	
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: GRETCHEN SMITH GRETCHEN SMITH 1/25/2000 629-1243 (941)

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 90136 030 ****61.25



DO NOT WRITE IN THIS SPACE.