

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005724

1. Entity Name

CENTRAL FLORIDA CHAPTER OF AMERICAN SOCIETY OF H

Principal Place of Business

Mailing Address

WANDA CLASSE
3319 MAGUIRE BLVD#155
ORLANDO FL 32803

WANDA CLASSE
3319 MAGUIRE BLVD#155
ORLANDO FL 32803-3766

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

59-3536419

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Wanda Classe

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

3319 Maguire Blvd. Suite 155

City

Orlando

FL

Zip Code
32803

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 *Wanda Classe*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-2000

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 EDER, KELVIN L
STREET ADDRESS 9282 LAKE SHARE COURT
CITY-ST-ZIP ORLANDO FL 32517

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

TITLE STD ☐ Delete
NAME NELSON, JOHN
STREET ADDRESS 9282 LAKE SHARE COURT
CITY-ST-ZIP ORLANDO FL 32517

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

TITLE D ☐ Delete
NAME MURPHY, JAMES A
STREET ADDRESS 9282 LAKE SHARE COURT
CITY-ST-ZIP ORLANDO FL 32517

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 280 Dirksen Drive
CITY-ST-ZIP Debary, FL 32713

TITLE D ☐ Delete
NAME GOLDBERG, HENRY
STREET ADDRESS 9282 LAKE SHARE COURT
CITY-ST-ZIP ORLANDO FL 32517

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowerments.

SIGNATURE:

Kelvin L. Eder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelvin L. Eder 1-11-2000 (407) 352-5666

Date

Daytime Phone #

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90068 021 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)