

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005925

1. Entity Name

EAST PASCO CHAPTER #5255 OF AMERICAN ASSOCIATION

Principal Place of Business

6015 -10 ST
ZEPHYRHILLS FL 33540

Mailing Address

P O BOX 1658
ZEPHYRHILLS FL 33539-1658

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

91-1419698

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

ANDERSON, WILLIAM W
6015 -10TH ST
ZEPHYRHILLS FL 33540

Name

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

City

FL

Zip Code

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 ANDERSON, WILLIAM W
STREET ADDRESS 6015 -10TH ST
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE ☐ Change ☒ Addition
NAME TD
STREET ADDRESS RITA HOLLAND
CITY-ST-ZIP 3919 CHAH DR
ZEPHYRHILLS, FL 33541

TITLE VD ☐ Delete
NAME MCKEAN, FAY
STREET ADDRESS 38102 SUNSET AVENUE
CITY-ST-ZIP DADE CITY FL 33525

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

TITLE SD ☐ Delete
NAME ROQUE, SUZANNE
STREET ADDRESS 38920 NORTH AVENUE
CITY-ST-ZIP ZEPHYRHILLS FL 33540

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

TITLE TD ☒ Delete
NAME ANDERSON, ADELE
STREET ADDRESS 6015 -10TH ST
CITY-ST-ZIP ZEPHYRHILLS FL 33540

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

TITLE D ☐ Delete
NAME GALBRAITH, SHIRLEY A
STREET ADDRESS 8104 WIRE ROAD
CITY-ST-ZIP ZEPHYRHILLS FL 33540

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

TITLE D ☐ Delete
NAME ANDERSON, ADELE
STREET ADDRESS 38920 NORTH AVENUE
CITY-ST-ZIP ZEPHYRHILLS FL 33540

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:

Rita Holland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2000 813-783-3978
Date Daytime Phone #

CR2E037 (9/99)