

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90038 037 \*\*\*\*61.25

DOCUMENT # N98000005925

1. Entity Name

EAST PASCO CHAPTER #5255 OF AMERICAN ASSOCIATION

Principal Place of Business

6015 10 ST  
ZEPHYRHILLS FL 33540

34824 Buck  
ZEPHYRHILLS  
FL 33541

Mailing Address

P.O. BOX 1658  
ZEPHYRHILLS FL 33539

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-1419698

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MANNY FUNES

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

34824 BUCK RD

City

ZEPHYRHILLS

FL

Zip Code

33541

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

☒ Delete

TITLE PRESIDENT  
NAME MANNY FUNES  
STREET ADDRESS 34824 BUCK RD  
CITY-ST-ZIP ZEPHYRHILLS FL 33541

☒ Change ☐ Addition

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

☐ Delete

CHANGE

TITLE VICE PRESIDENT  
NAME ROBERT DEMEO  
STREET ADDRESS 3722 ANDREWS WAY DR. #104  
CITY-ST-ZIP TAMPA, FL 33624

☒ Change ☐ Addition

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

☒ Delete

TITLE SECRETARY  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

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

☒ Delete

TITLE TREASURER  
NAME RITA HOLLAND  
STREET ADDRESS 3919 CHAM DR  
CITY-ST-ZIP ZEPHYRHILLS, FL 33541

☒ Change ☐ Addition

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

☒ Delete

TITLE DIRECTOR  
NAME MARION O'CONNOR  
STREET ADDRESS 13215 LEANNE DR  
CITY-ST-ZIP DADE CITY, FL 33525

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE DIRECTOR  
NAME MEL BARROWS  
STREET ADDRESS 6124 11TH STREET  
CITY-ST-ZIP ZEPHYRHILL FL 33540

☐ Change ☒ 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 HOLLAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-2001 813-783-3978

Date

Daytime Phone #

CR2E037 (10/00)