

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90097 014 \*\*\*\*61.25

0024383

**DOCUMENT # 712674**

1. Entity Name

**GREATER CORAL GABLES CHAPTER #449 OF AARP, INC.**



Principal Place of Business  
**CORAL GABLES YOUTH CENTER  
CORAL GABLES FL 33134  
US**

Mailing Address  
**611 SW 47 COURT  
MIAMI FL 33134  
US**

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 **59-6209755**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TD	HANCHEY, JOSE PHINE	611 SW 47 COURT	MIAMI FL 33134	<input type="checkbox"/>
VPD	KNIGHT, MARGARET	8440 SW TERRACE	MIAMI FL 33155	<input checked="" type="checkbox"/>
CPMT	CAMBELL, ANN	6280 SW 16 TERRACE	MIAMI FL 33155	<input checked="" type="checkbox"/>
PD	HANCHEY, WALLACE	611 SW 47TH COURT	MIAMI FL 33145	<input type="checkbox"/>
SPT	BELSKY, NORMA	6300 SW 16 TERRACE	MIAMI FL 33155	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
VPD	TERRY, CHARLES H. JR	3223 RIVIERA DRIVE	CORAL GABLES, FL 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CPMT	MOORE, IRENE	915 PALERMO AVE #101	MIAMI, FL 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: JOSEPHINE HANCHEY  
Josephine Hanchey

3/01/03

305-444-1002

CP2E037 (10/02)