

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-19-2001 90281 031 ****61.25

DOCUMENT # **726907**
 1. Entity Name
(AARP TAMARAC CHAPTER 1430)
"TAMARAC CHAPTER #1430 OF AARP, INC"

Principal Place of Business: **SAME**
 Mailing Address: **9623 NW 75 CT. TAMARAC FL 33321**

2. Principal Place of Business: **c/o JACK KRAMER**
 3. Mailing Address: **9623 NW 75th CT**
 Suite, Apt. #, etc.

City & State: **TAMARAC**
 City & State: **TAMARAC**
 Zip: **33321** Country: **BROWARD**
 Zip: **33321** Country: **BROWARD**

4. FEI Number: **237290154**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CLARA H NEPPAR
8109 HIBISCUS CIR
TAMARAC, FL 33321

7. Name and Address of New Registered Agent
 Name: **JACK KRAMER**
 Street Address (P.O. Box Number is Not Acceptable): **9623 NW 75th CT**
 City: **TAMARAC** FL Zip Code: **33321**

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: **Jack J Kramer**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!
 FEES \$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: PRESIDENT <input checked="" type="checkbox"/> Delete | NAME: CLARA H. NEPPAR |
| STREET ADDRESS: 8109 HIBISCUS CIR | CITY-ST-ZIP: TAMARAC, FL 33321 |
| TITLE: VICE PRES <input checked="" type="checkbox"/> Delete | NAME: PERN RATZ |
| STREET ADDRESS: 2635 SW 74th TRAIL | CITY-ST-ZIP: DAVIE, FL 33314 |
| TITLE: TREASURER <input checked="" type="checkbox"/> Delete | NAME: LENORE LAHOTT |
| STREET ADDRESS: 7960 SUNRISE LKS DR. N | CITY-ST-ZIP: SUNRISE, FL 33322 |
| TITLE: SECRETARY <input type="checkbox"/> Delete | NAME: JEANNETTE KRAMER |
| STREET ADDRESS: 9623 NW 75th CT | CITY-ST-ZIP: TAMARAC, FL 33321 |
| TITLE: <input type="checkbox"/> Delete | NAME: <input type="checkbox"/> Delete |
| STREET ADDRESS: <input type="checkbox"/> Delete | CITY-ST-ZIP: <input type="checkbox"/> Delete |
| TITLE: <input type="checkbox"/> Delete | NAME: <input type="checkbox"/> Delete |
| STREET ADDRESS: <input type="checkbox"/> Delete | CITY-ST-ZIP: <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|
| TITLE: PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: JACK KRAMER |
| STREET ADDRESS: 9623 NW 75th CT | CITY-ST-ZIP: TAMARAC, FL 33321 |
| TITLE: VICE PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: THIRING ZIMBEROFF |
| STREET ADDRESS: 4521 MONTEREY DR | CITY-ST-ZIP: TAMARAC, FL 33319 |
| TITLE: TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: ANNE RAGNE |
| STREET ADDRESS: 6700 ROYAL PALM BLVD | CITY-ST-ZIP: MARGATE, FL 33063 |
| TITLE: SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: JEANNETTE KRAMER |
| STREET ADDRESS: 9623 NW 75th CT | CITY-ST-ZIP: TAMARAC, FL 33321 |
| TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition | CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition | CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> 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: **Jack J Kramer President** **May 12 2001** **954-721-1787**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date Daytime Phone #

CR2E03T (9/99)