

**2002 UNIFORM BUSINESS REPORT (UBR)**

4/9/

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90022 045 \*\*\*\*61.25

**DOCUMENT # 729484**

1. Entity Name

**SILVER SPRINGS SHORES CHAPTER #1662 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

C/O MIRIAM ALDRIDGE  
 329 OAK TRACE COURSE  
 OCALA FL 34472

C/O MIRIAM ALDRIDGE  
 329 OAK TRACE COURSE  
 OCALA FL 34472

89233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**23-7379638**

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

**ALDRIDGE, MIRIAM**  
**329 OAK TRACE COURSE**  
**OCALA FL 34472**

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  Delete  
 NAME **P MALLOY, LAWRENCE**  
 STREET ADDRESS **8337 BAHIA ROAD**  
 CITY-ST-ZIP **OCALA FL 34472**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D GOODROE, ONETA**  
 STREET ADDRESS **529 MIDWAY DRIVE**  
 CITY-ST-ZIP **OCALA FL 34472**

TITLE  Change  Addition  
 NAME **WILLIAMS, LILLIE**  
 STREET ADDRESS **301 OAK LAKE TRAIL**  
 CITY-ST-ZIP **OCALA, FL 34472** **D**

TITLE  Delete  
 NAME **S SCHEDIN, CHRISTINE**  
 STREET ADDRESS **68 SAPHIRE ROAD**  
 CITY-ST-ZIP **OCALA FL**

TITLE  Change  Addition  
 NAME **CAMPBELL, KATHLEEN**  
 STREET ADDRESS **10 BAHIA WAY**  
 CITY-ST-ZIP **OCALA, FL 34472**

TITLE  Delete  
 NAME **T ALDRIDGE, MIRIAM**  
 STREET ADDRESS **329 OAK TRACK COURSE**  
 CITY-ST-ZIP **OCALA FL 34472**

TITLE  Change  Addition  
 NAME **HUGHES, DOROTHY**  
 STREET ADDRESS **61 HICKORY TRACK WAY**  
 CITY-ST-ZIP **OCALA, FL 34472** **D**

TITLE  Delete  
 NAME **D KNIGHT, OSCAR**  
 STREET ADDRESS **6 PECAN RUN TRACE**  
 CITY-ST-ZIP **OCALA FL 34472**

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 empowered.

SIGNATURE: *Miriam Aldridge*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-02 (352)687-4431

Date

Daytime Phone #

CR2E037 (9/01)