

5/21

FILED
Jul 10, 2001 8:00 am
Secretary of State

05-22-2001 90059 021 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO3698

1. Entity Name

AARP

WEST ORANGE CHAPTER #3697

Principal Place of Business

Mailing Address

HIGH PARK

2. Principal Place of Business

3. Mailing Address

615 ORANGE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OCOC, FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

ORANGE

Zip

Country

ORANGE

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

GRACE SMITH

Name

Street Address (PO Box Number is Not Acceptable)

780 LONDON BRIDGE RD

WINTER GARDEN FL, 34787

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

Mary Jane Shaner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW:
FEE IS \$81.259. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to FeesMake Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PRESIDENT
 NAME: VIOLET FRANKS
 STREET ADDRESS: 818 BOMERS CIRCLE APT 111
 CITY-ST-ZIP: ORLANDO FL 32808

☐ Delete

TITLE: VICE PRESIDENT
 NAME: MELVIN SHANER
 STREET ADDRESS: 615 ORANGE AVE
 CITY-ST-ZIP: OCOC FL 34761-2346

☐ Delete

TITLE: SECRETARY
 NAME: KATHLEEN POLIDORE
 STREET ADDRESS: 1301 FULLERS CROSS ROAD
 CITY-ST-ZIP: WINTER GARDEN FL 34787

☐ Delete

TITLE: TRES.
 NAME: MARY JANE SHANER
 STREET ADDRESS: 615 ORANGE AVE
 CITY-ST-ZIP: OCOC, FL. 34761-2346

☐ Delete

TITLE: MARY BLACK D.
 STREET ADDRESS: 460 FULLERS CROSS RD
 CITY-ST-ZIP: WINTER GARDEN FL, 34787

☐ Delete

TITLE: MARIE GRIMES D.
 STREET ADDRESS: 195 MAPLE ST
 CITY-ST-ZIP: WINTER GARDEN FL 34787

☐ Delete

TITLE: LEE AKERS D.
 NAME: LEE AKERS D.
 STREET ADDRESS: 771 ROYAL OAK E
 CITY-ST-ZIP: WINTER GARDEN FL 34787

☐ Change ☐ Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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☐ 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:

Mary Jane Shaner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

407-656-8091

Daytime Phone

CR2E037 (11/00)