

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90041 007 \*\*\*\*61.25

**DOCUMENT # N12334**

1. Entity Name

**LAKES CHAPTER #3837 OF AMERICAN ASSOCIATION OF R**

Principal Place of Business

Mailing Address

MIAMI LAKES COMMUNITY CENTER  
 15151 MONTROSE RD  
 MIAMI LAKES FL 33014  
 US

LAKES CHAPTER AARP  
 7220 WEST 2ND COURT  
 HIALEAH FL 33014-5002  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHERRY, FREDA  
 7400 MIAMI LAKES DRIVE  
 D-105  
 MIAMI LAKES FL 33014

Name **Freda Cherry (305) 823-3843**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6315 Gage Place**  
**Apt # B309**  
 City **Miami Lakes** **FL** Zip Code **33014**

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 *X Freda B. Cherry*

*20 January 2000*

Signature, typed or printed name of registered agent and fee 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	DP	<input type="checkbox"/> Delete
NAME	CHERRY, FREDA	
STREET ADDRESS	<del>7400 MIAMI LAKES DRIVE, D-105</del> <i>New Address</i>	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	BEECH, ALAN	
STREET ADDRESS	7200 FAIRWAY DRIVE, #24	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FRITCH, ROSEMARY	
STREET ADDRESS	67963 SHARPECROFT COURT	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SMITH, GERALDINE	
STREET ADDRESS	7220 WEST 2ND COURT	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	COX, VIRGINIA	
STREET ADDRESS	17321 NW 51 PLACE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIENE, HELEN	
STREET ADDRESS	8023 EAST 67TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33013	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cherry, Freda	
STREET ADDRESS	6315 Gage Place Apt. # B309	
CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henke, Ruth	
STREET ADDRESS	7791 West 18th Lane	
CITY-ST-ZIP	Hialeah, FL 33014	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fritch, Rosemary	
STREET ADDRESS	67963 Sharpecroft Court	
CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frink, Clare	
STREET ADDRESS	550 SW 138th Avenue - K-403	
CITY-ST-ZIP	Pembroke Pines, FL 33027	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cox, Virginia	
STREET ADDRESS	17321 NW 51st Place	
CITY-ST-ZIP	Miami, FL 33055	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fiene, Helen	
STREET ADDRESS	6023 East 67th Avenue	
CITY-ST-ZIP	Hialeah, FL 33013	

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: *Geraldine Smith/RE/Clare Frink 1/20/00 (305) 558-2644*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (9/99)