

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702174

1. Entity Name

ORLANDO CENTRAL FLORIDA CHAPTER OF AMERICAN ASSOCIATION OF RETIRED PERSONS INC

Principal Place of Business

BEARDALL SR CTR  
800 S. DELANEY AVE.  
ORLANDO FL 32801  
US

Mailing Address

787 CALIFORNIA WDS CR  
ORLANDO FL 32824  
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

59-6209761

Applied For

Not Applicable

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

WOZNAK, JOAN  
787 CALIFORNIA WDS CR  
ORLANDO FL 32824

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

*Joan Wozniak*

2/26/02

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D.  
PHILLIPS, UNNETTE  
625 LAKE DOT CIR APT 805  
ORLANDO FL 32801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROBERTS, NORMAN  
1202 OVERLAKE AVE.  
ORLANDO FL 32801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DC  
HICKEY-PATTON, VALERIE  
5651 JEAN DR.  
ORLANDO FL 32822

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D LUCILLE FAIR  
1909 N. HARRISON  
ORLANDO, FL 32804  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WOZNAK, JOAN  
787 CALIFORNIA WOODS CR  
ORLANDO FL 32824

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LEWIS, ELEANOR  
8271 PALM HARBOR WAY  
ORLANDO FL 32822

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
SELMAN, LAURIE  
5900 SAGUNTO ST  
ORLANDO FL 32807

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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 info empowered.

SIGNATURE

*Joan Wozniak*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02

Date

Daytime Phone #

407-857-9143

CR2E037 (9/01)