

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90080 030 \*\*\*\*61.25

**DOCUMENT # 705296**

1. Entity Name

**DUNEDIN CHAPTER 46 OF THE AMERICAN ASSOCIATION OF  
 RETIRED PERSONS (AARP)**

Principal Place of Business

Mailing Address

3050 POINTER DR  
 C/O GLORIA DR  
 PALM HARBOR FL 34683  
 US

3050 POINTER DR  
 C/O GLORIA DR  
 PALM HARBOR FL 34683-2452  
 US

2. Principal Place of Business

**3050 POINTER DR**

3. Mailing Address

**3050 POINTER DR**

Suite, Apt. #, etc.

**C/O GLORIA DUNN**

Suite, Apt. #, etc.

**C/O GLORIA DUNN**

City & State

**PALM HARBOR, FL**

City & State

**PALM HARBOR, FL**

Zip

**34683**

Country

**USA**

Zip

**34683**

Country

**USA**

6. Name and Address of Current Registered Agent

**MONROE, MILDRED  
 1571 SANTA MONICA DR.  
 DUNEDIN FL 34698**

4. FEI Number

**59-6209758**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete  
 NAME **DUNN, GLORIA**  
 STREET ADDRESS **3050 POINTER DR**  
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **V** ☐ Delete  
 NAME **DEMEIS, JOSEPH**  
 STREET ADDRESS **2460 NORTHSIDE DRIVE STE 150**  
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **S** ☒ Delete  
 NAME **COVEY, AGNES**  
 STREET ADDRESS **2569 LAURELWOOD DR**  
 CITY-ST-ZIP **CLEARWATER FL 34623**

TITLE **T** ☐ Delete  
 NAME **CROWLEY, WALTER J**  
 STREET ADDRESS **29081 US HIGHWAY 19N, LOT 87**  
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ Delete  
 NAME **SWANSON, HILDA**  
 STREET ADDRESS **986 SAN SALVADOR DRIVE**  
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **D** ☐ Delete  
 NAME **DEMEIS, JOSEPH**  
 STREET ADDRESS **2460 NORTHSIDE DRIVE STE 150**  
 CITY-ST-ZIP **CLEARWATER FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition  
 NAME **SECY DONALD BOURDON**  
 STREET ADDRESS **138-D HUNTER LAKE DRIVE**  
 CITY-ST-ZIP **OLDSMAR, FL 34617**

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

TITLE ☐ Change ☐ Addition  
 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-8-2000 \* 727/789-5056**

CR2E037 (9/99)