

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

02-24-2000 90069 033 \*\*\*\*61.25

DOCUMENT # 711109 ✓  
1. Entity Name **RAINBOW LAKES CHAPTER #357  
OF AMERICAN ASSOCIATION OF  
RETIRED PERSONS, INC.**

Principal Place of Business Mailing Address  
**4000 DEEPWATER CT. 4,000 DEEPWATER CT.  
DUNNELLON, FL 34431 DUNNELLON, FL 34431**

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 **59-6196209** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**DALE F. STEPHENSON  
4963 SW 196th AVE  
DUNNELLON, FL 34431**

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 *Dale F. Stephenson* 1-29-2000  
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 ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT - D</b>	<input type="checkbox"/> Delete
NAME	<b>DALE F. STEPHENSON</b>	
STREET ADDRESS	<b>4963 SW 196th AVE</b>	
CITY-ST-ZIP	<b>DUNNELLON, FL 34431</b>	
TITLE	<b>TREASURER - D</b>	<input type="checkbox"/> Delete
NAME	<b>EILEEN GENTRY</b>	
STREET ADDRESS	<b>3675 SW POMEROY</b>	
CITY-ST-ZIP	<b>DUNNELLON, FL 34431</b>	
TITLE	<b>SECRETARY - D</b>	<input type="checkbox"/> Delete
NAME	<b>GLADYS IANNOTTI</b>	
STREET ADDRESS	<b>18925 104th PL.</b>	
CITY-ST-ZIP	<b>DUNNELLON, FL 34432</b>	
TITLE	<b>VP - D</b>	<input type="checkbox"/> Delete
NAME	<b>ARTHUR G MANDEL</b>	
STREET ADDRESS	<b>21251 SW PLANTATION</b>	
CITY-ST-ZIP	<b>DUNNELLON, FL 34431</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Delete
NAME	<b>IRMA HILDITCH</b>	
STREET ADDRESS	<b>4606 SW CHANNEL HEIGHTS</b>	
CITY-ST-ZIP	<b>DUNNELLON, FL 34431</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Delete
NAME	<b>CATHERINE KNOBLOCK</b>	
STREET ADDRESS	<b>20685 SW BEACH BLVD.</b>	
CITY-ST-ZIP	<b>DUNNELLON, FL 34431</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Dale F. Stephenson* 1-29-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #