

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90047 041 \*\*\*\*\*61.25

**DOCUMENT # 711109**

1. Entity Name

**RAINBOW LAKES CHAPTER #357 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

**4000 DEEPWATER CT.  
DUNNELLON FL 34431-3818**

Mailing Address

**4000 DEEPWATER CT.  
DUNNELLON FL 34431-3818**

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEPHENSON, DALE  
4963 SW 196TH AVE  
DUNNELLON FL 34431**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** ☐ Delete  
NAME **GENTRY, EILEEN**  
STREET ADDRESS **3675 S.W. POMPANO**  
CITY-ST-ZIP **DUNNELLON FL 34431**

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

TITLE **VD** ☐ Delete  
NAME **MANDEL, ARTHUR G**  
STREET ADDRESS **21251 SW PLANTATION**  
CITY-ST-ZIP **DUNNELLON FL 34431**

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

TITLE **PD** ☐ Delete  
NAME **STEPHENSON, DALE**  
STREET ADDRESS **4963 S.W. 196TH AVE.**  
CITY-ST-ZIP **DUNNELLON FL 34431**

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

TITLE **SD** ☐ Delete  
NAME **IANNOTTI, GLADYS**  
STREET ADDRESS **18925 SW 104TH PL**  
CITY-ST-ZIP **DUNNELLON FL 34432**

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

TITLE **D** ☐ Delete  
NAME **HILDITCH, IRMA**  
STREET ADDRESS **4606 SW CHANNEL HEIGHTS**  
CITY-ST-ZIP **DUNNELLON FL 34431**

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

TITLE **D** ☐ Delete  
NAME **KNOBLOCK, CATHERINE**  
STREET ADDRESS **30685 SW BEACH BLVD**  
CITY-ST-ZIP **DUNNELLON FL 34431**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DALE P. STEPHENSON 1-8-02**

**352-487-1574**

CR2E037 (9/01)