

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90171 018 ****61.25

DOCUMENT # 711256

1. Entity Name

FORT LAUDERDALE CHAPTER #19 OF AARP, INC.



Principal Place of Business

DENNYS
3151 N.W. 9 AVE
FORT LAUDERDALE FL 33309

Mailing Address

3000 NE 16 AVENUE
202 D
FORT LAUDERDALE FL 33334-5214

2. Principal Place of Business

SAME

3. Mailing Address

2311 NW 63 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL

4. FEI Number **59-6194145**

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

33313

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name **LOUIS BARWICK**
Street Address (P.O. Box Number is Not Acceptable)
2311 N.W. 63 TERRACE
City **SUNRISE** FL Zip Code **33313**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEPARD, DORIS 3000 NE 16 AVENUE, APT. D 202 FT LAUDERDALE FL 33334-5214	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STRAKER, DOROTHY 1339 NE 15 AVENUE FT. LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUSHING, DOROTHY 7870 NW 21 COURT SUNRISE FL 33322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCH, RUTH 1507 N.E. 4TH STREET FT. LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEISELMAN, ARLENE 1313 SW 18TH AVE FORT LAUDERDALE FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROSSEAU, KATHERINE 5485 NE 22ND AVE FT. LAUDERDALE FL 33308	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOUIS BARWICK 2311 N.W. 63 TERRACE SUNRISE, FL 33313-3926	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DILLER, CHESTER 3299 N.W. 32 STREET LAUDERDALE LAKES, FL 33309	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLORIA MERRILL 9501 N.W. 45 STREET LAUDERHILL, FL 33351-6013	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAME	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: **S. DORIS J. SHEPARD** **2/9/03 (954) 566-1958**

CR2E037 (10/02)