

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711590

1. Entity Name

LEON COUNTY CHAPTER #376 OF AMERICAN ASSOCIATION
OF RETIRED PERSONS, INC.

Principal Place of Business

400 N MONROE ST
TALLAHASSEE FL 32303
US

Mailing Address

1400 N MONROE ST
TALLAHASSEE FL 32303
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

23-7150381

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

COOK, PATTI
4740 MARSEILLES BLVD
TALLAHASSEE FL 32303-3139

Name

KLOCK JOSEPH

Street Address (P.O. Box Number is Not Acceptable)

2405 BALSAM TERRACE

City

TALLAHASSEE

FL

Zip Code

32303

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

Joseph A. Klock

(NOTE: Registered Agent signature required when reinstating)

DATE

April 16, 2002

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 PD ☒ Delete
NAME COOK, PATTI
STREET ADDRESS 4740 MARSEILLES BLVD
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE PD ☒ Change ☒ Addition
NAME KLOCK, JOSEPH
STREET ADDRESS 2405 BALSAM TERRACE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE SD ☐ Delete
NAME PHIFER, GREGG
STREET ADDRESS 1584 MARION AVENUE
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE ~~PD~~ ☒ Delete
NAME KLOCK, JOSEPH
STREET ADDRESS 2405 BALSAM TERRACE
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE TD ☐ Delete
NAME JONES, HELEN
STREET ADDRESS 3127 BROCKTON WAY
CITY-ST-ZIP TALLAHASSEE FL 32312

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Joseph A. Klock

April 16, 2002 850 386 7055

APPROVED
AND
FILED

02 APR 16 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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