

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90284 022 ****61.25

DOCUMENT # 711819

1. Entity Name

LAKELAND CHAPTER #200 OF AMERICAN ASSOCIATION OF
RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

C/O MARILYN ANDERSON
2509 MCCRANIE PLACE
LAKELAND FL 33801
US

C/O MARILYN ANDERSON
2509 MCCRANIE PLACE
LAKELAND FL 33801
US

2. Principal Place of Business

3. Mailing Address

% JUANITA WIDEN

% JUANITA WIDEN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

524 CAROLE ST. W.

524 CAROLE ST. W.

City & State

City & State

LAKELAND, FL

LAKELAND, FL

Zip

Country

Zip

Country

33803

U.S.

33803

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, MARILYN
2509 MCCRANIE PLACE
LAKELAND FL 33801

Name

JUANITA WIDEN

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

524 CAROLE STREET W.

City

LAKE LAND

FL

Zip Code

33803

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

Juanita Widen

JUANITA WIDEN

1-30-02

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	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, MARILYN	
STREET ADDRESS	2509 MCCRANIE PALCE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BEALEFIELD, SARAH	
STREET ADDRESS	839 FAIRWAY AVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JEWELL, WILDA	
STREET ADDRESS	944 REYNOLDS RD, LOT 94	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DIXON, PHYLLIS P	
STREET ADDRESS	204 E POINSETTIA STREET	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUANITA WIDEN	
STREET ADDRESS	524 CAROLE STREET W.	
CITY-ST-ZIP	LAKELAND, FL 33803	
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
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:

Phyllis P. Dixon PHYLLIS P. DIXON

1-25-02 863-683-0956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)