

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90096 029 ****61.25

DOCUMENT # 717326

1. Entity Name

MANATEE COUNTY CHAPTER #75 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

7222 MEADOW BROOK DR.
 SARASOTA FL 34243

7222 MEADOW BROOK DR.
 SARASOTA FL 34243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7060615

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WOOD, MARTHA G.
7222 MEADOW BROOK DRIVE
SARASOTA FL 34243

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	VP	<input checked="" type="checkbox"/> Delete
NAME	THORNSON, AUDREY	
STREET ADDRESS	4505 PEREDIA BLVD	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RYAN, THELMA	
STREET ADDRESS	6512 BOWDOIN PL	
CITY-ST-ZIP	BRADENTON FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MITCHELL, ADDIE	
STREET ADDRESS	1613 14TH ST E	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, MONA	
STREET ADDRESS	4710 14TH ST W #8	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, THOMAS	
STREET ADDRESS	1200 AURORA BLVD, #128	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILSON, FERN	
STREET ADDRESS	1200 AURORA BLVD	
CITY-ST-ZIP	BRADENTON FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNSON, AUDREY	
STREET ADDRESS	4505 PEREDIA BKVD	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, THELMA	
STREET ADDRESS	6512 BOWDOIN PL	
CITY-ST-ZIP	BRADENTON FL 34207	
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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 13, 2002 941-355-2634
 Date Daytime Phone #

CR2E037 (9/01)