2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721712

1. Entity Name Southwest Broward County Chapter #73 OF American Association of Retired Persons, Inc.

FILED
01 FEB -1 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
Pines Conference Center	10211 To Ft Street Pembroke Pines, FL 33026

2. Principal Place of Business	3. Mailing Address
Same as above	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country: Broward	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 23?-129049 ☐ 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

Name Mr. Burrell Saunders

Street Address (P.O. Box Number is Not Acceptable) 17524 S.W. 12th Street

City Pembroke Pines **FL** Zip Code 33029

8. The [illegible] is submitted to the Department of State for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE BURRELL SAUNDERS 1/26/2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE P/D NAME STREET ADDRESS CITY-ST-ZIP	Mr. Burrell Saunders 17524 S.W. 12th St. Pembroke Pines, FL 33029	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE V/D NAME STREET ADDRESS CITY-ST-ZIP	Marge Wilson 8771 N.W. 13 th St. Pembroke Pines, FL 33024	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 99-01	☐ Delete	TITLE S/D NAME STREET ADDRESS CITY-ST-ZIP	Decetta White 19155 N.W. 22nd St. Pembroke Pines, FL 33029	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100003677381--9 -02/13/01--01093--001 ****183.75 ****183.75	☐ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Florence Markle 11886 NW 11 th St. Hollywood, FL 33026	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Mr. Jason Fung-On 7841 NW 30 th St. Hollywood, FL 33024	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003677381--9 -02/13/01--01093--002 ****175.00 ****175.00	☐ Change ☐ 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: Burrell Saunders P/D 1/26/2001 9547044176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #