

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723213

1. Entity Name

SEMINOLE CHAPTER #936 OF AMERICAN ASSOCIATION OF RETIRED PERSON INC

Principal Place of Business

C/O KINNEY MARGIE ANN
131 BLUFFVIEW DR #105
BELLEAIR BLUFFS FL 33770-1331
US

Mailing Address

C/O KINNEY MARGIE ANN
131 BLUFFVIEW DR #105
BELLEAIR BLUFFS FL 33770-1331
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

23-7178005

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

KINNEY, MARGIEANN
131 BLUFFVIEW DR. #105
BELLEAIR BLUFFS FL 33770

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
ADKINS, SUSAN
2131 RIDGE RD #62
LARGO FL 33778 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
JUNE COOKSON
10239 SATSUMA RD
SEMINOLE, FL 33772 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KINNEY, MARGIEANN
131 BLUFFVIEW DRIVE #105
BELLEAIR BLUFFS FL 33770 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
DORIS HANN
5970 80TH ST N #301
ST PETERSBURG FL 33709 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GREEWELL, CLARA
2131 RIDGE ROAD #53
LARGO FL 33778 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PEGGY STALA
8490 75TH PL N
SEMINOLE FL 33777 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MCCARRON, SHIRLEY
5015 SEMINOLE BLVD., LOT #131
SAINT PETERSBURG FL 33708 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CSD
MARY GRUBER
9209 SEMINOLE BLVD #144
SEMINOLE, FL 33772 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BURKE, ELSIE
2131 RIDGE ROAD #108
LARGO FL 33778 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DORIS LARSON
10200 122ND AVEN #3152
LARGO, FL 33773 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

JUNE COOKSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02
Date

727-391-8308
Daytime Phone #

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90064 035 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)