

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 02, 2001 8:00 am**  
**Secretary of State**

07-02-2001 90003 013 \*\*\*\*70.00

DOCUMENT # **123641**  
 1. Entity Name **AARP Chapter #1026, Spring Hill, FL.**

Principal Place of Business **7333 Gates Cir.  
Spring Hill, FL 34606**  
 Mailing Address **7333 Gates Cir.  
Spring Hill, FL 34606**

**C0072338**

2. Principal Place of Business **Joseph S. Mattingly**  
 Suite, Apt. #, etc. **18913 Quarter Horse Ln.**  
 City & State **Spring Hill FL**  
 Zip **34610** Country **Pasco**

3. Mailing Address **Joseph S. Mattingly**  
 Suite, Apt. #, etc. **18913 Quarter Horse Ln.**  
 City & State **Spring Hill FL**  
 Zip **34610** Country **Pasco**

4. FEI Number **237175272**  
 Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Joseph S. Mattingly**  
**18913 Quarter Horse Ln**  
**Spring Hill, FL 34610**

7. Name and Address of New Registered Agent  
 Name **Same**  
 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 **Joseph S. Mattingly** DATE **6/5/01**  
(Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating))

**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

TITLE	President	<input type="checkbox"/> Delete
NAME	Joseph S. Mattingly	
STREET ADDRESS	18913 Quarter Horse Ln	
CITY-ST-ZIP	Spring Hill, FL 34610	
TITLE	Secretary	<input checked="" type="checkbox"/> Delete
NAME	Donna D. Mattingly	
STREET ADDRESS	18913 Quarter Horse Ln	
CITY-ST-ZIP	Spring Hill FL 34610	
TITLE	Vice President	<input checked="" type="checkbox"/> Delete
NAME	Richard Infante	
STREET ADDRESS	2077 Escobar Ave.	
CITY-ST-ZIP	Spring Hill FL 34608	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Manyellen P. Abdo	
STREET ADDRESS	7432 Allen Dr.	
CITY-ST-ZIP	Brooksville FL 34613	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Charlotte Brown	
STREET ADDRESS	8334 Colma ST	
CITY-ST-ZIP	Spring Hill FL 34606	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Bill Ericsson	
STREET ADDRESS	9320 Chase ST	
CITY-ST-ZIP	Spring Hill FL 34606	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Anne Solt	
STREET ADDRESS	2482 Whitewood Ave.	
CITY-ST-ZIP	Spring Hill FL 34609	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jay Fadim	
STREET ADDRESS	13127 Groveland ST	
CITY-ST-ZIP	Spring Hill FL 34609	
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: **Joseph S. Mattingly** DATE **6/5/01** DAYTIME PHONE # **352-734-9464**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR