

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90105 045 ****70.00

DOCUMENT # 723641

1. Entity Name

SPRING HILL CHAPTER #1026 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

JOSEPH S MATTINGLY
18913 QUARTER HORSE LANE
SPRINGHILL FL 34610
US

Mailing Address

JOSEPH S MATTINGLY
18913 QUARTER HORSE LANE
SPRINGHILL FL 34610
US

2. Principal Place of Business

Jay Fudin
Suite, Apt. #, etc.

13127 Groveland ST

City & State

Springhill FL

Zip

34609

Country

Hernando

3. Mailing Address

Jay Fudin
Suite, Apt. #, etc.

13127 Groveland ST

City & State

Springhill FL

Zip

34609

Country

Hernando



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7175272

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTINGLY, JOSEPH S
18913 QUARTER HORSE LANE
SPRINGHILL FL 34610

7. Name and Address of New Registered Agent

Name

Jay Fudin

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

13127 Groveland ST

City

Springhill

FL

Zip Code

34609

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

TITLE **P** ☒ Delete
NAME **MATTINGLY, STEVE**
STREET ADDRESS **18913 QUARTER HORSE LANE**
CITY-ST-ZIP **SPRINGHILL FL 34610**

TITLE **VP** ☒ Delete
NAME **FUDIN, JAY**
STREET ADDRESS **13127 GROVELAND STREET**
CITY-ST-ZIP **SPRINGHILL FL 34609**

TITLE **DT** ☐ Delete
NAME **ABDO, MARYELLEN**
STREET ADDRESS **7432 ALLEN DRIVE**
CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE **S** ☐ Delete
NAME **SOLT, CAROL ANNE**
STREET ADDRESS **2482 WHITEWOOD AVENUE**
CITY-ST-ZIP **SPRINGHILL FL 34609**

TITLE **D** ☐ Delete
NAME **BROWN, CHARLOTTE**
STREET ADDRESS **8334 COLMA STREET**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **D** ☒ Delete
NAME **ERICSSON, BILL**
STREET ADDRESS **9320 CHASE STREET**
CITY-ST-ZIP **SPRING HILL FL 34606**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **Jay Fudin**
STREET ADDRESS **13127 Groveland ST**
CITY-ST-ZIP **Spring Hill FL 34609**

TITLE **VP** ☐ Change ☒ Addition
NAME **Steve Matting**
STREET ADDRESS **18913 Quarter Horse Ln**
CITY-ST-ZIP **Spring Hill FL 34610**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DAIRLYN N. NAEGELI**
STREET ADDRESS **8021 MORIAH AVE.**
CITY-ST-ZIP **BROOKSVILLE, FL 34613**

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:

MARYELLEN ABDO
TREAS.

2/12/02

(352) 596-2046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment
Doc# 723641

325306

D

✓ Addition

RICHARD H. SHARP

8156-D Forest Villa Cir.

Spring Hill, FL 34606

D

✓ Addition

STEVE ZELADON

32270 Marchmont Cir.

RIDGE MANOR, FL 33523