

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 12, 2000 8:00 am**  
**Secretary of State**

06-12-2000 90001 010 \*\*\*\*61.25

**DOCUMENT # 723762**  
**1. Entity Name** *South Marion Bellevue Chapter #297 of AARP*  
*PO Box 1150 Belle*

**Principal Place of Business** *PO Box 1150 Belleview FL 34421*

**2. Principal Place of Business** **3. Mailing Address**  
*5139 S.E. 107 St*  
**Suite, Apt. #, etc.** **Suite, Apt. #, etc.**

**City & State** *Belleview FL*  
**Zip** *34420* **Country**

**4. FEI Number** *23 7205 388* **Applied For**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**  
**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** ☐ **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <i>PRES</i>	<b>NAME</b> <i>Grace Larsen</i>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	<i>5139 S.E. 107 St</i>	
<b>CITY-ST-ZIP</b>	<i>Belleview, FL 34420 (Pres)</i>	
<b>TITLE</b> <i>V.P.</i>	<b>NAME</b> <i>Lucille Fitch</i>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	<i>522 S E 115th Blvd</i>	
<b>CITY-ST-ZIP</b>	<i>Belleview, FL 34420 (V.P.)</i>	
<b>TITLE</b> <i>SECRET</i>	<b>NAME</b> <i>Jenny Winskey</i>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	<i>5050 SE 112th St Rd.</i>	
<b>CITY-ST-ZIP</b>	<i>Belleview FL 34420 (Sec)</i>	
<b>TITLE</b> <i>TREAS</i>	<b>NAME</b> <i>Amy Georgiades</i>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	<i>5146 S.E. 107 St;</i>	
<b>CITY-ST-ZIP</b>	<i>Belleview, FL 34420 (Treas)</i>	
<b>TITLE</b> <i>BOARD</i>	<b>NAME</b> <i>Robt. Fitch</i>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	<i>522 SE 155th St Blve</i>	
<b>CITY-ST-ZIP</b>	<i>Belleview, FL 34420 (Board)</i>	
<b>TITLE</b> <i>BOARD</i>	<b>NAME</b> <i>George Georgiades</i>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	<i>5146 SE 107 St</i>	
<b>CITY-ST-ZIP</b>	<i>Belleview FL (Board)</i>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b> <i>BOARD</i>	<b>NAME</b> <i>Veronica McCloskey</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<i>9513 SE 106 Pl</i>	
<b>CITY-ST-ZIP</b>	<i>Belleview, FL 34420 (Board)</i>	
<b>TITLE</b> <i>BOARD</i>	<b>NAME</b> <i>Kaye Ross</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<i>11786 SE 71st Ct</i>	
<b>CITY-ST-ZIP</b>	<i>Belleview, FL 34420 (Board)</i>	
<b>TITLE</b> <i>BOARD</i>	<b>NAME</b> <i>Helen Bianco</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<i>11725 SE 59th ave</i>	
<b>CITY-ST-ZIP</b>	<i>Belleview, FL 34420 (Board)</i>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *Grace P. Larsen [Pres]* **DATE** **Daytime Phone #**

CR2E037 (9/99)