

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90217 026 ****61.25

DOCUMENT # 725887

1. Entity Name

ENGLEWOOD, FLORIDA CHAPTER #1344 OF AARP, INC.



Principal Place of Business

**ANN TOMLINSON
872 EAST 5TH STREET
ENGLEWOOD FL 34223
US**

Mailing Address

**ANN TOMLINSON
872 EAST 5TH STREET
ENGLEWOOD FL 34223
US**

2. Principal Place of Business

333 So. Indiana Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Englewood Fl.

City & State

Zip

Country

34223 Charlotte

Zip

Country

4. FEI Number **23-7261647**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Ann M. Tomlinson Treas.**

Signature, typed or printed name of registered agent and title if applicable.

Ann M. Tomlinson

(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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CYPHER, MARGARET**
STREET ADDRESS **9413 GULF STREAM BLVD.**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **TTR** ☐ Delete
NAME **TOMLINSON, ANN**
STREET ADDRESS **872 EAST 5 ST**
CITY-ST-ZIP **ENGLEWOOD FL, 34223**

TITLE **STR** ☐ Delete
NAME **JASIN, HELEN**
STREET ADDRESS **12386 KNEELAND TERRACE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

Ann M. Tomlinson

2/7/03

CR2E037 (10/02)