

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

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90078 049 ****61.25

DOCUMENT # 727800

1. Entity Name
KISSIMMEE CHAPTER #87 OF AARP, INC.



Principal Place of Business

CAROL FINK
1625 WONDERLAND WAY
KISSIMMEE FL 34746
US

Mailing Address

CAROL FINK
1625 WONDERLAND WAY
KISSIMMEE FL 34746
US

2. Principal Place of Business

1665 Parkgate Dr.
Suite, Apt. #, etc.

3. Mailing Address

1565 Parkgate Dr.
Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number **23-7305466**

Applied For

Not Applicable

Zip

34746

Country

USA

Zip

34746

Country

USA

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

6. Name and Address of Current Registered Agent

P
GORDON, COLLINS
1565 PARK GATE DRIVE
KISSIMMEE FL 34746

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

Gordon J Collins

2-7-03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☒ P
NAME **RICHARD, DIENER**
STREET ADDRESS **4280 VILLAGE DRIVE STE 117**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☒ T
NAME **TAYLOR, WALTER T.**

STREET ADDRESS **1456 ALDERS GATE DR #2**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☒ D
NAME **HAINES, ROBERT**
STREET ADDRESS **1662 PARKGATE DR**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☒ D
NAME **SMITH, GEORGIA**
STREET ADDRESS **1540 VENICE CT**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☐ D
NAME **QUIGLEY, RENA**
STREET ADDRESS **1656 PARKGATE DR**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☒ S
NAME **LUND, JANICE**
STREET ADDRESS **1605 LUTHER LANE**
CITY-ST-ZIP **KISSIMMEE FL 34746**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ V
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ T
NAME **Haines Robert**
STREET ADDRESS **1662 Parkgate Dr.**
CITY-ST-ZIP **Kissimmee, FL 34746**

TITLE ☐ S
NAME **Smith, Georgia**
STREET ADDRESS **1540 Venice Ct**
CITY-ST-ZIP **Kissimmee, FL 34746**

TITLE ☐ D
NAME **Shoridan, Julia**
STREET ADDRESS **1602 Westgate Dr.**
CITY-ST-ZIP **Kissimmee, FL 34746**

TITLE ☐ D
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ D
NAME **Heaton, Nancy**
STREET ADDRESS **1545 Parkgate Dr.**
CITY-ST-ZIP **Kissimmee, FL 34746**

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:

SIGNATURE REQUIRED

2-7-2003 467-876-0096

CR2E037 (10/02)