

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728945

1. Entity Name

SOUTH PUTNAM COUNTY CHAPTER #1664 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

RT 3 BOX 160
CRESCENT PARK FL 32112
US

Mailing Address

RT 3 BOX 160
CRESCENT PARK FL 32112
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2943759

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAGROW, JANET

~~RT 3 BOX 160~~

206 WHITE RD

CRESCENT PARK FL 32112

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

Janet Lagrow

1-10-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME ANDRES, JOHN ☒ Delete
STREET ADDRESS RT 1 BOX 180
CITY-ST-ZIP POMONA PARK FL 32181

TITLE
NAME LaVane Weight ☐ Change ☒ Addition
STREET ADDRESS 2809 S Highway 17
CITY-ST-ZIP Crescent City, FL 32112

TITLE V
NAME GARLAND, DAVE ☒ Delete
STREET ADDRESS 6140LD HWY 17
CITY-ST-ZIP CRESCENT CITY-FL-32112

TITLE
NAME Andes, John ☐ Change ☒ Addition
STREET ADDRESS Rt 1 Box 180
CITY-ST-ZIP Pomona Park, FL 32181

TITLE T
NAME LAGROW, JANET ☐ Delete
STREET ADDRESS RT 3 BOX 160
CITY-ST-ZIP CRESCENT PARK FL 32112

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

TITLE D
NAME SKAGGS, WM ☐ Delete
STREET ADDRESS RT 3 BOX 208
CITY-ST-ZIP CRESCENT CITY FL 32112

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

TITLE D
NAME LAGROW, JIM ☐ Delete
STREET ADDRESS RT 3 BOX 160
CITY-ST-ZIP CRESCENT PARK FL 32112

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

TITLE D
NAME HUNDLEY, IRENE ☐ Delete
STREET ADDRESS RT 1 BOX 880
CITY-ST-ZIP LAKE COMO FL 32181

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

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:

Janet Lagrow REQUIRE *Janet Lagrow*

1-10-02

386-698-2352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)