

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

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90054 039 ****61.25

0016133

DOCUMENT # 729285

1. Entity Name

CLEARWATER GULF COAST CHAPTER #1708 OF AARP, INC.



Principal Place of Business

JEAN GROSCUP
P.O. BOX 852
PALM HARBOR FL 34682
US

Mailing Address

JEAN GROSCUP
P.O. BOX 852
PALM HARBOR FL 34682
US

2. Principal Place of Business

3. Mailing Address

Florence Webber

Florence Webber

Suite, Apt. #, etc.

1099 McMullen Booth #727

Suite, Apt. #, etc.

1099 McMullen Booth #727

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33759

Country

Pinellas

Zip

33759

Country

Pinellas



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **23-7356150**

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

C T CORPORATION SYSTEM
12000 SOUTH PINE ISLAND RD
PLANTATION FL 33324

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

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
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GROSCUP, JEAN	
STREET ADDRESS	2675 RESNIK CR W	
CITY-ST-ZIP	PALM HARBOR FL 34682	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WEBBER, FLORENCE	
STREET ADDRESS	1099 MCMULLEN BOOTH RD APT 727	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ZEILENGA, BERNICE	
STREET ADDRESS	1099 MCMULLEN BOOTH RD APT 803	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHERBURN, MARGARET	
STREET ADDRESS	11300-66TH ST #807	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HORAN, JEAN	
STREET ADDRESS	1099 MCMULLEN BOOTH RD APT 421	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	GAUDON, BARBARA	
STREET ADDRESS	1099 MCMULLEN BOOTH RD APT 132	
CITY-ST-ZIP	CLEARWATER FL 33759	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Webber, Florence	
STREET ADDRESS	1099 McMullen Booth Rd Apt. 727	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brophy, Norine G	
STREET ADDRESS	1099 McMullen Booth Rd #802	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benjamin, Augustus	
STREET ADDRESS	1469 Cleveland St	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rooks, Mary Lou	
STREET ADDRESS	1099 McMullen Booth Rd #614	
CITY-ST-ZIP	Clearwater, FL 33759	

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 **Norine G Brophy** **7/18/03 (127) 791-9588**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)