

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/4.

DOCUMENT # 733668

1. Entity Name

PALATKA CHAPTER #2224 OF AMERICAN ASSOCIATION OF *AARP.*

Principal Place of Business

ST. MONICA HALL  
P.O. BOX 2558  
PALATKA FL 32177

Mailing Address

*P.O. BOX 104  
BOSTWICK FL 32007-0104  
Palatka Chp. 2224 -  
P.O. Box 2448 - Palatka FL  
32131*

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1620663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

*SCULLY, NELL K BERT SCOGGINS  
517 S. 17TH ST.  
PALATKA FL 32177  
P.O. Box 2448  
Palatka FL, 32131*

7. Name and Address of New Registered Agent

Name *Glenna Craig*  
Street Address (P.O. Box Number is Not Acceptable) *7300 CRUEL AVE #63*  
City *Palatka*, State *Florida*  
Zip Code *FL 32177*

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 *Glenna E Craig, Treasurer.*

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

(NOTE: Registered Agent signature required when reinstating)

*2/29/2000*  
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

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	BARRY, RICHARD	
STREET ADDRESS	P.O. BOX 104	
CITY-ST-ZIP	BOSTWICK FL 32007	
TITLE	IV	<input checked="" type="checkbox"/> Delete
NAME	MOORE, TOM	
STREET ADDRESS	RT #1 BOX 5530-	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	S	<input type="checkbox"/> Delete
NAME	CASTO, PATRICIA	
STREET ADDRESS	218 TRISAIL AVE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	T <i>Craig</i>	<input type="checkbox"/> Delete
NAME	<del>DAVE</del> , GLENNA	
STREET ADDRESS	7300 <del>CRUEL</del> AVE #63	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, DOLORES L	
STREET ADDRESS	RT 5 BOX 2271	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VICARI, WANDA	
STREET ADDRESS	P.O. BOX 1015	
CITY-ST-ZIP	E. PALATKA FL 32131	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bertha E. Bert Scoggins	
STREET ADDRESS	P.O. Box 2472	
CITY-ST-ZIP	Palatka, FL 32178	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vicari, Wanda	
STREET ADDRESS	P.O. Box 1015	
CITY-ST-ZIP	K. PALATKA, FL 32131	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDY	
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Glenna E. Craig*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/29/2000* (904) 325-2240  
Date Daytime Phone #

CR2E037 (9/99)