

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90065 026 \*\*\*\*61.25

**DOCUMENT # 733974**

1. Entity Name

**ST. AUGUSTINE SOUTH-WEST AREA CHAPTER #2276 OF A  
 AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

112 CAPTAIN'S POINTE CIR  
 ST AUGUSTINE FL 32086

112 CAPTAIN'S POINTE CIR  
 ST AUGUSTINE FL 32086

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

**51-0148078**

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

**KIRCHHOFF, EDWARD J  
 112 CAPTAIN'S POINTE CIRCLE  
 ST AUGUSTINE FL 32086**

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

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: PD  Delete  
 NAME: PACE, IRENE  
 STREET ADDRESS: 145 DELTONA BLVD.  
 CITY-ST-ZIP: ST. AUGUSTINE FL 32086

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

TITLE: VD  Delete  
 NAME: MCCARTHY, MARY LOU  
 STREET ADDRESS: 604 BAYWOOD TRAIL  
 CITY-ST-ZIP: ST AUGUSTINE FL 32086

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

TITLE: TD  Delete  
 NAME: KIRCHHOFF, EDWARD J  
 STREET ADDRESS: 112 CAPTAIN'S POINTE CIRCLE  
 CITY-ST-ZIP: ST AUGUSTINE FL 32086

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

TITLE: D  Delete  
 NAME: BUCKNER, IRENE D  
 STREET ADDRESS: 220 BARACOA COURT  
 CITY-ST-ZIP: ST. AUGUSTINE FL 32086

TITLE: SD  Change  Addition  
 NAME: WINTER, EVELYN H.  
 STREET ADDRESS: 985 DORADO DR.  
 CITY-ST-ZIP: ST. AUGUSTINE, FL 32086

TITLE: D  Delete  
 NAME: KNIGHT, MINNICE  
 STREET ADDRESS: 256 MONTEREY AVE  
 CITY-ST-ZIP: ST. AUGUSTINE FL 32095

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

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE: D  Change  Addition  
 NAME: HARKNESS, WILLIAM  
 STREET ADDRESS: TIP MIEVES BLANE  
 CITY-ST-ZIP: ST. AUGUSTINE, FL 32086

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: *Edward J. Kirchoff* EDWARD J. KIRCHHOFF 4-23-02 904-777-6178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0058556