

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735357

1. Entity Name

BIG PINE KEY CHAPTER #2466 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90052 024 ****61.25

Principal Place of Business
**380 KEY DEER BLVD
KEY DEER BLVD., ROUTE 3 BOX 186
BIG PINE KEY FL 33043-4901
US**

Mailing Address
**380 KEY DEER BLVD
KEY DEER BLVD., ROUTE 3 BOX 186
BIG PINE KEY FL 33043-4901
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

59-1876954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOHRER, NORMAN F.
3638 GULFSTREAM ST.
BIG PINE KEY FL 33043**

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 ☐ Delete
NAME **PDC**
STREET ADDRESS **SCHAUS, CATHY**
CITY-ST-ZIP **1947 NARCISSUS AVE
BIG PINE KEY FL 33043**

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **KROM, LILLIAN**
CITY-ST-ZIP **31084 AVE H
BIG PINE KEY FL 33043**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **BOHRER, NORMAN F.**
CITY-ST-ZIP **3638 GULFSTREAM ST.
BIG PINE KEY FL**

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

TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **DOTSON, LINDA**
CITY-ST-ZIP **P.O. BOX 093, 39664 SARATOGA AVE
BIG PINE KEY FL 33043**

TITLE ☒ Change ☐ Addition
NAME **SD**
STREET ADDRESS **KANE, LYNN**
CITY-ST-ZIP **27745 SEAWHIP ST.
LITTLE TORCH KEY, FL 33042**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 25 2002 305 872-2683
Date Daytime Phone #

CR2E037 (9/01)