

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 735612**

1. Entity Name

**PINE HILLS CHAPTER #2518 OF AMERICAN ASSOCIATION
OF RETIRED PERSONS, INC.****FILED****May 06, 2002 8:00 am
Secretary of State**

05-06-2002 90076 044 ****61.25

Principal Place of Business

**% KARAS, VIRGINIA
2032 CHICOTAH WAY
ORLANDO FL 32818**

Mailing Address

**% KARAS, VIRGINIA
2032 CHICOTAH WAY
ORLANDO FL 32818**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-3011574**

Applied For

Not Applicable

Zip Country Zip Country

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

**KARAS, VIRGINIA
2032 CHICOTAH WAY
ORLANDO FL 32818**

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

*Virginia Karas (VIRGINIA KARAS)**4-20-02*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 **D EUNICE, NELDA**
STREET ADDRESS **3510 EUNICE AVE**
CITY-ST-ZIP **ORLANDO FL 32808**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D SOUKUP, ROBERT**
STREET ADDRESS **8427 VILLAGE GREEN**
CITY-ST-ZIP **ORLANDO FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VP QUINTON ROBERTS**
STREET ADDRESS **8211 OLD GROVE DR**
CITY-ST-ZIP **ORLANDO FL 32818**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **P BROOMHALL, ROSE M**
STREET ADDRESS **1320 HERNANDEZ DR**
CITY-ST-ZIP **ORLANDO FL 32808**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **T KARAS, VIRGINIA**
STREET ADDRESS **2032 CHICOTAH WAY**
CITY-ST-ZIP **ORLANDO, FL 00000**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D WINSLOW, BARBARA D**
STREET ADDRESS **1638 SILVER STAR RD**
CITY-ST-ZIP **ORLANDO FL 32804**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:

Virginia Karas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*4-20-02*

Date

407-298-2603

Daytime Phone #

CR2E037 (9/01)