

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90064 016 ****61.25

DOCUMENT # 736579

1. Entity Name

CORAL SPRINGS CHAPTER #2621 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

10150 NW 29TH ST
 CORAL SPRINGS FL 33071
 US

10777 W. SAMPLE RD.
 909
 CORAL SPRINGS FL 33065
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-3039480

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

HOFFMAN, IRENE
10777 W SAMPLE ROAD #909
CORAL SPRINGS FL 33065

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 **P**
 STREET ADDRESS **HOFFMAN, IRENE**
 CITY-ST-ZIP **10777 W SAMPLE ROAD, #909**
CORAL SPRING FL 33065

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **ARENA, NANCY**
 CITY-ST-ZIP **9039 N.W. 21 CT**
CORAL SPRINGS FL 33071

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **DE LUCA, VINCENT**
 CITY-ST-ZIP **9293 SHADOW WOOD DRIVE**
CORAL SPRINGS FL

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

TITLE ☒ Delete
 NAME **VD**
 STREET ADDRESS **FISHMAN, DR. PETER**
 CITY-ST-ZIP **11393 CORAZON COURT**
BOYNTON BEACH FL 33437

TITLE ☒ Change ☐ Addition
 NAME **Anna GATTUSO**
 STREET ADDRESS **8354 NW 55th CT**
 CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **BEIN, JANE**
 CITY-ST-ZIP **1432 N.W. 93 TERR**
CORAL SPRINGS FL 33071

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **Laura L. Kanuch**
 CITY-ST-ZIP **2882 NW 118th Dr.**
Coral Springs, FL 33065

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: *Laura L. Kanuch* **Laura L. Kanuch** **1-14-02** **954-345-3841**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)