

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740841

1. Entity Name

CRYSTAL RIVER-SPRINGS CHAPTER #2978 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

9870 W FORT ISLAND  
CRYSTAL RIVER FL 34429  
US

Mailing Address

1424 N CIRCUS TERRACE P.O. Box 803  
HERNANDO FL 3442  
US  
CRYSTAL RIVER  
FL 34423

2. Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-3161355

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCKELVY, INMAN E  
1424 N. CIRCUS TER  
HERNANDO FL 34442

7. Name and Address of New Registered Agent

Name Ruth LEVINS

Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 803

Crystal River Fla.

City

3930 N. Seminole Pt.

Crystal River Fla. 34428

FL

Zip Code

34423-0803

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

Ruth Levins, Pres.

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

(NOTE: Registered Agent signature required when reinstating)

May 1, 2002

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 P  
NAME MCKELVY, INMAN E  
STREET ADDRESS 1424 N. CIRCUS TER  
CITY-ST-ZIP HERNANDO FL 34442 ☐ Delete

TITLE VD  
NAME LESTER, WILLIAM  
STREET ADDRESS 5888 W STOCKHOLM LN  
CITY-ST-ZIP DUNNELLON FL 34433 ☐ Delete

TITLE T  
NAME TOBEY, ROSE  
STREET ADDRESS 11060 WEST THOREAU PLACE  
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Delete

TITLE D  
NAME POET, RAYMOND B  
STREET ADDRESS 1122 S.E. 4TH AVE  
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Delete

TITLE D  
NAME LESTER, WILLIAM  
STREET ADDRESS 5888 WEST STOCKHOLM LANE  
CITY-ST-ZIP DUNNELLON FL 34433 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Pres.  
NAME Ruth LEVINS  
STREET ADDRESS P.O. Box 803  
CITY-ST-ZIP Crystal River, Fla. 34423-0803 ☒ Change ☐ Addition

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

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

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

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

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

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:

Ruth Levins (Ruth LEVINS)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2002

Date

Daytime Phone #

352-795-3006

FILED  
Jul 02, 2002 8:00 am  
Secretary of State

05-28-2002 91728 023 \*\*\*61.25



DO NOT WRITE IN THIS SPACE

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